

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91271 027 ***150.00

DOCUMENT # 819049

1. Entity Name

PARK AVENUE LIFE INSURANCE COMPANY

Principal Place of Business

**1209 ORANGE ST
 WILMINGTON DE 19801
 US**

Mailing Address

**3900 BURGESS PLACE
 ATTN: JEREMY STARR. VP REINSURANCE
 BETHLEHEM PA 18017
 US**

2. Principal Place of Business

3. Mailing Address

7 HANOVER SQUARE H-17-J

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW YORK, NY

4. FEI Number

04-2350154

Applied For

Not Applicable

Zip

Country

Zip

Country

10004-2616

USA

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **PCEO HUTCHINGS, PETER L** ☒ Delete
 STREET ADDRESS **7 HANOVER SQ**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

TITLE NAME **PCEO DEPALO, ARMAND** ☐ Change ☒ Addition
 STREET ADDRESS **7 HANOVER SQUARE**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

TITLE NAME **EVECE JONES, FRANK** ☐ Delete
 STREET ADDRESS **7 HANOVER SQ**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

TITLE NAME **DEPALO, ARMAND M.** ☐ Change ☒ Addition
 STREET ADDRESS **7 HANOVER SQ**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

TITLE NAME **VPR STARR, JEREMY** ☐ Delete
 STREET ADDRESS **7 HANOVER SQ**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

TITLE NAME **MANNING, DENNIS J** ☐ Change ☒ Addition
 STREET ADDRESS **7 HANOVER SQUARE**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

TITLE NAME **D KABELE, THOMAS G.** ☒ Delete
 STREET ADDRESS **7 HANOVER SQ**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

TITLE NAME **D CHIN, HOWARD W** ☐ Change ☒ Addition
 STREET ADDRESS **7 HANOVER SQUARE**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

TITLE NAME **D KANE, EDWARD K.** ☐ Delete
 STREET ADDRESS **7 HANOVER SQ**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

TITLE NAME **D CARUSO, JOSEPH A** ☐ Change ☒ Addition
 STREET ADDRESS **7 HANOVER SQUARE**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

TITLE NAME **D KANE, EDWARD K.** ☐ Delete
 STREET ADDRESS **7 HANOVER SQ**
 CITY-ST-ZIP **NEW YORK NY 10004-2616**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)