DOCUMENT # 830579  1. Entity Name Servus Life Insurance Company fka  ROYAL LIFE INSURANCE COMPANY OF AMERICA						Jan 27, 2000 8:00 am Secretary of State 01-27-2000 90142 020 ***150.00		
Principal Place of Business		Mailing Address						
200 HOPMEADOW ST SIMSBURY CT 06089 US		P. O. BOX 2999 HARTFORD CT 06104-2999 US			,	B0009331		
2. Principal Place of Business		3. Mailing Address 200 Hopmeadow Street						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State Simsbury, CT		<b>4.</b> F	Applied For   Not Applied For   Not Applied For			
Zip	Country	Zip 06089	Coun USA	try .		Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				Name	7. N	ame and Address of New Registered Agent	$\dashv$	
CAPI TALA  8. The above SIGNATURE	RANCE COMMISSIONER OF FLOF TOL BUILDING, HASSEE FL 32304  named entity submits this statement for Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible	or the purpose of changing is	DTE. Registere	City ed office or	registered age			
Tax filing requirement and elects to do so.  (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			Trust Fund Contribution. Added to Fees	e		
11.	OFFICERS AND		12.			DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, LOWNDES A. 11 TALLWOOD LANE SIMSBURY CT 06089	XX Delete	N'		SEE "E	XHIBIT A'' ATTACHED HERETÔ ange	tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BOYKO, GREGORY A. 100 BARBOUR TOWN RD COLLINSVILLE CT 06022	∑ Delete			_	☐ Change ☐ Addil	tion	
TITLE NAME STREET AODRESS CITY-ST-ZIP	VSD GODKIN, LYNDA 11 DUNCASTER WOOD RD GRANBY CT 06035	. 🔀 Delete.			•	. Change Addit	tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT FOY, DAVID T 6 OLD MEADOW WAY WEATOGUE CT 06089	⊠ Delete				☐ Change ☐ Addit	tion	
TITLE NAME	D MARRA, THOMAS M.	∑ Delete	TITL			☐ Change ☐ Addit	tion	

MANCHESTER CT 06040 13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

7 COBTAIL WAY

**42 PONDVIEW DR** 

SIMSBURY CT 06070

WELNICKI, RAYMOND P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas A. Klee, Assistant Corporate Assistant Corporate Secretary

X Delete

2000 UNIFORM BUSINESS REPORT (UBR)

1/13/00

860-843-5040

LII LD

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (9/99)