

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 05, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 830579**

1. Entity Name  
**SERVUS LIFE INSURANCE COMPANY**

Principal Place of Business  
 200 HOPMEADOW ST  
 SIMSBURY CT 06089 US

Mailing Address  
 200 HOPMEADOW ST  
 SIMSBURY CT 06089 US

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number  
**13-6150240**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 INSURANCE COMMISSIONER OF FLORIDA,  
 CAPITOL BUILDING,  
 TALAHASSEE FL 32304 US

7. Name and Address of New Registered Agent  
 Name  
**BOUTILIER ANNE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. PINE ISLAND RD**  
 City  
**PLANTATION FL** Zip Code  
**33324**

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 **ANNE BOUTILIER** DATE **04/05/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE D	<input type="checkbox"/> Delete
NAME WELNICKI RAYMOND P.	
STREET ADDRESS 42 PONDVIEW DR	
CITY-ST-ZIP MANCHESTER CT 06040	
TITLE D	<input type="checkbox"/> Delete
NAME MARRA THOMAS M.	
STREET ADDRESS 7 COBTAIL WAY	
CITY-ST-ZIP SIMSBURY CT 06070	
TITLE SVT	<input type="checkbox"/> Delete
NAME FOY DAVID T	
STREET ADDRESS 6 OLD MEADOW WAY	
CITY-ST-ZIP WEATOGUE CT 06089	
TITLE VSD	<input type="checkbox"/> Delete
NAME GODKIN LYNDA	
STREET ADDRESS 11 DUNCASTER WOOD RD	
CITY-ST-ZIP GRANBY CT 06035	
TITLE SVD	<input type="checkbox"/> Delete
NAME BOYKO GREGORY A.	
STREET ADDRESS 100 BARBOUR TOWN RD	
CITY-ST-ZIP COLLINSVILLE CT 06022	
TITLE PD	<input type="checkbox"/> Delete
NAME SMITH LOWNDES A.	
STREET ADDRESS 11 TALLWOOD LANE	
CITY-ST-ZIP SIMSBURY CT 06089	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAYMOND CRAIG R	
STREET ADDRESS 200 HOPMEADOW ST	
CITY-ST-ZIP SIMSBURY CT 06089	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALTERS JOHN C	
STREET ADDRESS 200 HOPMEADOW ST	
CITY-ST-ZIP SIMSBURY CT 06089	
TITLE VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOY DAVID T	
STREET ADDRESS 200 HOPMEADOW ST	
CITY-ST-ZIP SIMSBURY CT 06089	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARRA THOMAS M	
STREET ADDRESS 200 HOPMEADOW ST	
CITY-ST-ZIP SIMSBURY CT 06089	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOYKO GREGORY A	
STREET ADDRESS 200 HOPMEADOW ST	
CITY-ST-ZIP SIMSBURY CT 06089	
TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH LOWNDES A	
STREET ADDRESS 200 HOPMEADOW ST	
CITY-ST-ZIP SIMSBURY CT 06089	

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: **THOMAS M MARRA** PD Date **04/05/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)

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**DAVID M. ZNAMIEROWSKI, D  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**LIZABETH H. ZLATKUS, D  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**RAYMOND P. WELNICKI, D  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**JOSEPH W. TEDESCO JR., ASST SEC  
HARTFORD PLAZA**

**HARTFORD, CT 06115**

**DIANE E. TATELMAN, ASST SEC  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**DAWN M. CORMIER, ASST SEC  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**THOMAS A. KLEE, ASST CORP SEC  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**BRIAN S. BECKER, ASST CORP SEC  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**STEPHEN F. HEINECK, ASST VP  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**CHARLES F. SHABUNIA, VP AND CONT  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

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**CHARLES M. O'HALLORAN, V  
HARTFORD PLAZA**

**HARTFORD, CT 06115**

**WILLIAM B. MALCHODI JR., V  
HARTFORD PLAZA**

**HARTFORD, CT 06115**

**MARY JANE B. FORTIN, VA  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**DAVID A. CARLSON, V  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**THOMAS A. CAMPBELL, VA  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**

**CHRISTINE H. REPASY, VGSD  
200 HOPMEADOW ST**

**SIMSBURY, CT 06089**