

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 830579

FILED  
Feb 06, 2003  
Secretary of State

Entity Name: SERVUS LIFE INSURANCE COMPANY

## Current Principal Place of Business:

200 HOPMEADOW ST  
SIMSBURY, CT 06089 US

## New Principal Place of Business:

## Current Mailing Address:

200 HOPMEADOW ST  
SIMSBURY, CT 06089 US

## New Mailing Address:

FEI Number: 13-6150240      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOUTILIER, ANNE  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324 US

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: CT CORPORATION SYSTEM

02/06/2003

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( )

### OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: MARRA, THOMAS M  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089 US

Title: VP ( ) Delete  
Name: WALTERS, JOHN C  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089 US

Title: VP ( ) Delete  
Name: REPASY, CHRISTINE H  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089 US

Title: T ( ) Delete  
Name: FOY, DAVID T  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089 US

Title: D ( ) Delete  
Name: MARRA, THOMAS M  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089 US

Title: D ( ) Delete  
Name: REPASY, CHRISTINE H  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089 US

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE HAYER REPASY

VP

02/06/2003

Electronic Signature of Signing Officer or Director

Date