

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837318

1. Entity Name

CENTURION LIFE INSURANCE COMPANY

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90061 024 \*\*\*150.00

Principal Place of Business

Mailing Address

206 8TH ST  
DES MOINES IA 50309

206 8TH ST  
DES MOINES IA 50309-3805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-0813782

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

## 7. Name and Address of New Registered Agent

DRUMHELLER, J F  
250 INTERNATIONAL PKWY  
SUITE 146  
HEATHROW FL 32746

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, 2000 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 VD ☒ Delete  
NAME MERRITT, RONALD R  
STREET ADDRESS 206 8TH ST  
CITY-ST-ZIP DES MOINES IA

TITLE V ☐ Change ☒ Addition  
NAME Wendy S. Wall  
STREET ADDRESS 206 8th St.  
CITY-ST-ZIP Des Moines, IA 50309

TITLE SVD ☐ Delete  
NAME MCFARLAND, PATRICIA J  
STREET ADDRESS 206 EIGHTH STREET  
CITY-ST-ZIP DES MOINES IA

TITLE PD ☐ Change ☒ Addition  
NAME Steve R. Wagner  
STREET ADDRESS 206 8th St.  
CITY-ST-ZIP Des Moines, IA 50309

TITLE TVD ☐ Delete  
NAME YOUNG, DENNIS  
STREET ADDRESS 206 8TH ST  
CITY-ST-ZIP DES MOINES IA

TITLE TVD ☐ Change ☒ Addition  
NAME Michael J. Matera  
STREET ADDRESS 206 8th St.  
CITY-ST-ZIP Des Moines, IA 50309

TITLE VD ☐ Delete  
NAME TORKELSON, ERIC T  
STREET ADDRESS 206 8TH ST  
CITY-ST-ZIP DES MOINES IA

TITLE VD ☒ Change ☐ Addition  
NAME Dennis Young  
STREET ADDRESS 206 8th St.  
CITY-ST-ZIP Des Moines, IA 50309

TITLE PD ☒ Delete  
NAME WOOD, DAVID  
STREET ADDRESS 206 8TH ST  
CITY-ST-ZIP DES MOINES IA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME FREELAND, JOHN C.  
STREET ADDRESS 206 8TH STREET  
CITY-ST-ZIP DES MOINES IA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Wendy S. Wall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WSW Wendy S. Wall

02/16/00

(515) 557-8414

Date

Daytime Phone #

CR2E034 (9/99)