

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837318

1. Entity Name

CENTURION LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

206 8TH ST
DES MOINES IA 50309

206 8TH ST
DES MOINES IA 50309

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

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, 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	V	☐ Delete
NAME	WALL, WENDY S	
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	TVD	☐ Delete
NAME	YOUNG, DENNIS	
STREET ADDRESS	206 8TH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VD	☐ Delete
NAME	TORKELSON, ERIC T	
STREET ADDRESS	206 8TH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	PD	☐ Delete
NAME	WAGNER, STEVE R	
STREET ADDRESS	206 8TH ST	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	DV	☒ Delete
NAME	FREELAND, JOHN C.	
STREET ADDRESS	206 8TH STREET	
CITY-ST-ZIP	DES MOINES IA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	30000408	☐ Change ☐ Addition
NAME	-04/20/01-01139-005	
STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	☒ Change ☐ Addition
NAME	Jeffrey David Cash	
STREET ADDRESS	206 Eighth Street	
CITY-ST-ZIP	Des Moines, Iowa 50309	

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 807, 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

Wendy S. Wall Vice-President

Date

4/6/01

515/557-8298

Daytime Phone #

FILED

01 APR 14 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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