2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90963 045 ***150.00

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	800 Walnut Street Suite, Apt. #, etc.
City & State	City & State Des Moines, Iowa
Zip / Country	Zip / Country 50309-3636

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
THE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399	Name R.E. Good Street Address (P.O. Box Number is Not Acceptable) 255 Primera Blvd. Suite 328 The Cresent at Primera Bldg. Five City Lake Mary, Florida 32746 **FL** Zip Code 32746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALL, WENDY S 206 8TH ST DES MOINES IA 50309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V David D. Wood 800 Walnut Street Des Moines, Iowa 50309-3636	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD MCFARLAND, PATRICIA J 206 EIGHTH STREET DES MOINES IA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVD YOUNG, DENNIS 206 8TH ST DES MOINES IA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVD Michael J. Matera 800 Walnut Street Des Moines, Iowa 50309-3636	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TORKELSON, ERIC T 206 8TH ST DES MOINES IA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WAGNER, STEVE R 206 8TH ST DES MOINES IA 50309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Christopher J. Adam 800 Walnut Street Des Moines, Iowa 50309-3636	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CASH, JEFFREY D 206 8TH STREET DES MOINES IA 50309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Anne B. Jackson 800 Walnut Street Des Moines, Iowa 50309-3636	☒ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED David D. Wood 3/31/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #