

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850735

1. Entity Name

CENTRIS LIFE INSURANCE COMPANY

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90140 001 ***150.00
 04-29-2000 90140 002 *****8.75

Principal Place of Business

Mailing Address

111 MONUMENT CIR
 SUITE 4540
 INDIANAPOLIS IN 46204

PO BOX 6047
 INDIANAPOLIS IN 46206-6047
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13403 Northwest Freeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Compliance Dept.

City & State

City & State
Houston, Texas

4. FEI Number

35-1817054

Applied For

Not Applicable

Zip

Country

Zip
77040

Country

U.S.A.

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

**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32301**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D/C/P/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARGILE, DAVID L	NAME	WILCOX, BENJAMIN D.
STREET ADDRESS	650 TOWN CTR DR STE 1600	STREET ADDRESS	13403 Northwest Freeway
CITY-ST-ZIP	COSTA MESA CA 92626	CITY-ST-ZIP	Houston, Texas 77040
TITLE	SCTD <input checked="" type="checkbox"/> Delete	TITLE	D/EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPORALE, CHARLES M	NAME	BRAMANTI, FRANK J.
STREET ADDRESS	650 TOWN CTR DR STE 1600	STREET ADDRESS	13403 Northwest Freeway
CITY-ST-ZIP	COSTA MESA CA 92626	CITY-ST-ZIP	Houston, Texas 77040
TITLE	SCSC <input checked="" type="checkbox"/> Delete	TITLE	D/SVP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VELASCO, JOSE A	NAME	ELLIS JR., EDWARD H.
STREET ADDRESS	650 TOWN CTR DR STE 1600	STREET ADDRESS	13403 Northwest Freeway
CITY-ST-ZIP	COSTA MESA CA 92626	CITY-ST-ZIP	Houston, Texas 77040
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D/V/CS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISSERT, ANDREW M	NAME	MARTIN, CHRISTOPHER L.
STREET ADDRESS	111 MONUMENT CIR STE 4540	STREET ADDRESS	13403 Northwest Freeway
CITY-ST-ZIP	INDIANAPOLIS IN 46204	CITY-ST-ZIP	Houston, Texas 77040
TITLE	AS <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, AMY M	NAME	MOLBECK JR., JOHN N.
STREET ADDRESS	111 MONUMENT CIR STE 4540	STREET ADDRESS	13403 Northwest Freeway
CITY-ST-ZIP	INDIANAPOLIS IN 46204	CITY-ST-ZIP	Houston, Texas 77040
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	ACS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGER, HOWARD S	NAME	LUND, TAMMY H.
STREET ADDRESS	5215 OLD ORCHARD RD STE 300	STREET ADDRESS	650 Town Center Drive, Suite 1500
CITY-ST-ZIP	SKOKIE IL 60077	CITY-ST-ZIP	Costa Mesa, California 92626

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: *Tammy H. Lund* **Tammy H. Lund, Assistant Corporate Secretary**
 04/25/00 (714) 549-1600
 DATE DAYTIME PHONE #

CR2E034 (9/99)