

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850735

1. Entity Name

CENTRIS LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

111 MONUMENT CIR
SUITE 4540
INDIANAPOLIS IN 46204

PO BOX 6047
INDIANAPOLIS IN 46206-6047
US

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

Zip

Country

Zip

77040

Country

U.S.A.

4. FEI Number

35-1817054

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARGILE, DAVID L	
STREET ADDRESS	650 TOWN CTR DR STE 1600	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	SCTD	<input checked="" type="checkbox"/> Delete
NAME	CAPOREALE, CHARLES M	
STREET ADDRESS	650 TOWN CTR DR STE 1600	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	SCSC	<input checked="" type="checkbox"/> Delete
NAME	VELASCO, JOSE A	
STREET ADDRESS	650 TOWN CTR DR STE 1600	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEISSERT, ANDREW M	
STREET ADDRESS	111 MONUMENT CIR STE 4540	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SCOTT, AMY M	
STREET ADDRESS	111 MONUMENT CIR STE 4540	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINGER, HOWARD S	
STREET ADDRESS	5215 OLD ORCHARD RD STE 300	
CITY-ST-ZIP	SKOKIE IL 60077	

TITLE	D/C/P/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILCOX, BENJAMIN D.	
STREET ADDRESS	13403 Northwest Freeway	
CITY-ST-ZIP	Houston, Texas 77040	
TITLE	D/EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAMANTE, FRANK J.	
STREET ADDRESS	13403 Northwest Freeway	
CITY-ST-ZIP	Houston, Texas 77040	
TITLE	D/SVP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS JR., EDWARD H.	
STREET ADDRESS	13403 Northwest Freeway	
CITY-ST-ZIP	Houston, Texas 77040	
TITLE	D/V/CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, CHRISTOPHER L.	
STREET ADDRESS	13403 Northwest Freeway	
CITY-ST-ZIP	Houston, Texas 77040	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLBECK JR., JOHN N.	
STREET ADDRESS	13403 Northwest Freeway	
CITY-ST-ZIP	Houston, Texas 77040	
TITLE	ACS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUND, TAMMY H.	
STREET ADDRESS	650 Town Center Drive, Suite 1500	
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, Assistant Corporate Secretary**
04/25/00 (714) 549-1600
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)