

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90013 032 ***150.00

DOCUMENT # 855552

1. Entity Name
GREAT LAKES LIFE & HEALTH INSURANCE COMPANY

Principal Place of Business Mailing Address
ONE VENCOR PLACE ONE VENCOR PLACE
680 S. 4TH ST 680 S. 4TH ST
LOUISVILLE KY 40202-2412 LOUISVILLE KY 40202-2407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4100 Okemos Road 4100 Okemos Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Okemos, MI Okemos, MI

Zip Country Zip Country
48864 USA 48864 USA

4. FEI Number Applied For
35-1536282 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
FLORIDA DEPARTMENT OF INSURANCE
200 EAST GAINES STREET
TALLAHASSEE FL 32399-0327

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

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 NAME STREET ADDRESS CITY-ST-ZIP | D FORCE, JILL L ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SEITZ, C. RICHARD 4100 OKEMOS RD OKEMOS MI 48864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILLENWATER, JAMES H JR. ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FLESZAR, THOMAS J DDS,MS 4100 OKEMOS RD OKEMOS MI 48864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COB KUNTZ, EDWARD ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SOLOMON, MACK B JR. 4100 OKEMOS RD OKEMOS MI 48864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPFC LECHLEITER, RICHARD A ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BILLARD, WILLIAM T 4100 OKEMOS RD OKEMOS MI 48864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSV GILLENWATER, JAMES H JR. ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIFFITH, KEVIN 4100 OKEMOS RD OKEMOS MI 48864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCS FORCE, JILL L ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: C. Richard Seitz C. Richard Seitz 2/2/00 (517) 349-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)