

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90148 033 \*\*\*150.00

**DOCUMENT # 855552**  
 1. Entity Name  
**RENAISSANCE LIFE & HEALTH INSURANCE COMPANY**

Principal Place of Business      Mailing Address  
**4100 OKEMOS RD**      **PO BOX 30416**  
**OKEMOS MI 48864**      **LANSING MI 48909**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

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, 2002 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	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P</b> <b>SEITZ, RICHARD C</b> 4100 OKEMOS RD OKEMOS MI 48864	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>S</b> <b>FLESZAR, THOMAS J DDS MS</b> 4100 OKEMOS RD OKEMOS MI 48864	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>T</b> <b>SOLOMON, MACK B JR</b> 4100 OKEMOS RD OKEMOS MI 48864	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>BILLARD, WILLIAM T</b> 4100 OKEMOS RD OKEMOS MI 48864	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>GRIFFITH, KEVIN</b> 4100 OKEMOS RD OKEMOS MI 48864	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_