

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857832

1. Entity Name

ACCELERATION LIFE INSURANCE COMPANY

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

02-24-2000 90030 025 \*\*\*150.00

Principal Place of Business

Mailing Address

6397 EMERALD PARKWAY  
STE 200  
DUBLIN OH 43016-3272

P O BOX 7000  
DUBLIN OH 43017-0701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 31-0835312

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

FLORIDA INSURANCE COMMISSIONER  
THE 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  
NAME ANDERSON, ROLAND C  
STREET ADDRESS 6397 EMERALD PKWY, STE 200  
CITY-ST-ZIP DUBLIN OH 43016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME HACKETT, RICHARD C  
STREET ADDRESS 6397 EMERALD PKWY, STE 200  
CITY-ST-ZIP DUBLIN OH 43016-3272 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME COPELAND, ROBERT L  
STREET ADDRESS 6397 EMERALD PKWY, STE 200  
CITY-ST-ZIP COLUMBUS OH 43016-3272 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME MUELLER, KURT L  
STREET ADDRESS 6397 EMERALD PKWY, STE 200  
CITY-ST-ZIP DUBLIN OH 43016-3272 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT  
NAME CARIOLANO, GREGG O  
STREET ADDRESS 6397 EMERALD PKWY, STE 200  
CITY-ST-ZIP DUBLIN OH 43016-3272 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

Feb. 3, 2000

Date

614-764-7000-7121

Daytime Phone #

CR2E034 (9/99)