

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90024 045 \*\*\*150.00

0575893

**DOCUMENT # F94000001844**

1. Entity Name  
**AMERICAN FIDELITY & LIBERTY INSURANCE COMPANY**

Principal Place of Business <b>1800 STREET ROAD          525 HIGHLANDS BOULEVARD          WARRINGTON PA 18976          US</b>	Mailing Address <b>P.O. BOX 368          WARRINGTON PA 18976          US</b>
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**606455**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1800 Street Road</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Warrington, PA</b>	City & State
Zip <b>18976</b>	Country <b>US</b>

4. FEI Number <b>23-2401229</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER          THE CAPITOL          TALLAHASSEE FL 32399-0300</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ABEL, ALOYSIUS J III 1800 STREET ROAD WARRINGTON PA 18976</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS SCHRATZ, MICHAEL 1800 STREET ROAD WARRINGTON PA 18976</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BLECHARCZYK, TED M 1800 STREET ROAD WARRINGTON PA 18976</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAVANAUGH, RICHARD R. 800 AIRPORT AVENUE DOYLESTOWN PA 18901</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Helle, Daniel G 231 South LaSalle Street Chicago, IL 60697</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHARLES, SMITH Q 1627 ALEXANDER AVE CHAMBERSBURG PA 17201</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Miller, Michael J 231 South LaSalle Street Chicago, IL 60697</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FELTY, RONALD L. 113 SO. MARKET STREET PO BOX 151 ELIZABETHTOWN PA 17022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Yamada, Keith H 231 South LaSalle Street Chicago, IL 60697</b> <input type="checkbox"/> Change <input checked="" 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)(l), 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:** **Ted M. Blecharczyk** **1/5/01** **(215) 918-0515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



# American Fidelity & Liberty Insurance Company

AF & L Insurance Company in OK

Attachment  
D# F94000001844  
606455

January 4, 2001  
1800 Street Road • Warrington, PA 18976 • (215) 918-0515 • (800) 659-9206 • FAX (215) 918-0565 • www.aflltc.com

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find the following information:

- 3) A check in the amount of \$150.00 for the Filing Fee due.
- 4) Completed 2001 Uniform Business Report (UBR)

In addition to the three Directors being deleted from the UBR Form, please also remove the following from your list:

Smith, Charles Q  
1627 Alexander Avenue  
Chambersburg, PA 17201

Massimillian, Richard D  
211 Pondfield Road West  
Bronxville, NY 10708

Radtke, Erich  
107 Chalfont Road  
Kennett Square, PA 19348

Wilson, Thomas  
800 Scanneltown Road  
West Chester, PA 19382

In addition to the three Directors being added from the UBR Form, please add the following to your list:

Fitzgerald, John P  
1700 Lincoln Street, Suite 4000  
Denver, CO 80203

Should you have any questions, please feel free to contact me.

Sincerely,

Ted M. Blecharczyk  
Treasurer

TMB:wmm

Enc