

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**  
 02-01-2001 90041 039 \*\*\*158.75

**DOCUMENT # P00100**

1. Entity Name  
**AGL LIFE ASSURANCE COMPANY**

Principal Place of Business 610 W. GERMANTOWN PIKE, SUITE 460 PLYMOUTH MEETING PA 19462 US	Mailing Address 610 W. GERMANTOWN PIKE, SUITE 460 PLYMOUTH MEETING PA 19462 US
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	4. FEI Number <b>52-0795747</b> Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2001 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 <b>PDCEO</b>	<b>HILLMAN, JOHN K</b> <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>610 W GERMANTOWN PK STE 460</b>	<b>BLUE BELL PA 19422</b>	TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP <b>610 W GERMANTOWN PK STE 460</b>	<b>PLYMOUTH MEETING PA 19462</b>	NAME <b>Dona J. Young</b>
TITLE <b>DASVP</b>	<b>FISCHER, JOHN T</b> <input type="checkbox"/> Delete	STREET ADDRESS <b>One American Row</b>
STREET ADDRESS <b>610 W GERMANTOWN PK STE 460</b>	<b>PLYMOUTH MEETING PA 19462</b>	CITY-ST-ZIP <b>Hartford, CT 06102</b>
CITY-ST-ZIP <b>610 W GERMANTOWN PK STE 460</b>	<b>PLYMOUTH MEETING PA 19462</b>	TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VPCST</b>	<b>KEIM, KENT C</b> <input type="checkbox"/> Delete	NAME <b>Simon Y. Tan</b>
STREET ADDRESS <b>610 W GERMANTOWN PK STE 460</b>	<b>PLYMOUTH MEETING PA 19462</b>	STREET ADDRESS <b>One American Row</b>
CITY-ST-ZIP <b>610 W GERMANTOWN PK STE 460</b>	<b>PLYMOUTH MEETING PA 19462</b>	CITY-ST-ZIP <b>Hartford, CT 06102</b>
TITLE <b>VPGCS</b>	<b>OBERLIES, SUSAN M</b> <input type="checkbox"/> Delete	TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>610 W GERMANTOWN PK STE 460</b>	<b>PLYMOUTH MEETING PA 19462</b>	NAME <b>Robert E. Primmer</b>
CITY-ST-ZIP <b>610 W GERMANTOWN PK STE 460</b>	<b>PLYMOUTH MEETING PA 19462</b>	STREET ADDRESS <b>One American Row</b>
TITLE <b>VPAS</b>	<b>SULEK, PAUL J</b> <input type="checkbox"/> Delete	CITY-ST-ZIP <b>Hartford, CT 06102</b>
STREET ADDRESS <b>610 W GERMANTOWN PK STE 460</b>	<b>PLYMOUTH MEETING PA 19462</b>	TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP <b>610 W GERMANTOWN PK STE 460</b>	<b>PLYMOUTH MEETING PA 19462</b>	NAME <b>Glenn H. Pease</b>
TITLE <b>VP</b>	<b>SPELLMAN, RICHARD A</b> <input checked="" type="checkbox"/> Delete	STREET ADDRESS <b>One American Row</b>
STREET ADDRESS <b>8801 INDIAN HILLS DR</b>	<b>OMAHA NE 68114</b>	CITY-ST-ZIP <b>Hartford, CT 06102</b>
CITY-ST-ZIP <b>OMAHA NE 68114</b>		TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		NAME <b>Joseph E. Kelleher</b>
		STREET ADDRESS <b>100 Bright Meadows Blvd.</b>
		CITY-ST-ZIP <b>Enfield, CT 06082</b>

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  
**John K. Hillman, President**

Date: **1/23/01** Daytime Phone #: **(484) 530-4810**

CR2E034 (10/00)