

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90040 027 \*\*\*150.00

**DOCUMENT # P00407**

1. Entity Name  
**CLARICA LIFE REINSURANCE COMPANY**

Principal Place of Business <b>13890 BISHOPS DRIVE          SUITE 300 P O BOX 503          BROOKFIELD WI 53008-6503          CA</b>	Mailing Address <b>13890 BISHOPS DRIVE          SUITE 300 P O BOX 503          BROOKFIELD WI 53008-6503          CA</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>13-3126819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>THE INSURANCE COMMISSIONER OF FLORIDA          THE CAPITOL BLDG.          TALLAHASSEE FL 32301</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	
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 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>VP BANCROFT, GRAHAM JOHN 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD WI 53008-0503</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP THOMAS A. WESTRUP BROOKFIELD (as above)</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO SMITH, JAMES R 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD FL 53008-0503</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>S STARCK, DOUG 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD WI 53008-0503</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>T HAVES, WAYNE C 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD WI 53008-0503</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>A BROOKS, DOUGLAS 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD WI 53008-0503</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>VP STEPPE, MICHAEL J 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD WI 53008-0503</b> <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: WAYNE HAVES **WAYNE HAVES**  
 \_\_\_\_\_ **REGISTERED TREASURER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **416-947-2601**

CR2E034 (9/01)