2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90020 024 ***150.00

DOCUMENT # P03785

1. *Entity Name*

AMERICAN PHYSICIANS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2720 EAST CAMELBACK ROAD AZ 85016	2720 EAST CAMELBACK ROAD PHOENIX AZ 85016-4340

B0023377

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 31-0935772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
200 E. GAINES STREET
LARSON BLDG.
TALLAHASSEE FL 32399

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, 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	PCED	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHRECK, WAYNE A		NAME		
STREET ADDRESS	2720 EAST CAMELBACK ROAD		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ 85016		CITY-ST-ZIP		
TITLE	DSVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THOREN, DENISE L		NAME		
STREET ADDRESS	2720 EAST CAMELBACK ROAD		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ 85016		CITY-ST-ZIP		
TITLE	DTEV	☒ Delete	TITLE	TV	☐ Change ☒ Addition
NAME	MILLER, DUANE T		NAME	CATMULL, BART F.	
STREET ADDRESS	2720 EAST CAMELBACK ROAD		STREET ADDRESS	2720 East Camelback Road	
CITY-ST-ZIP	PHOENIX AZ 85016		CITY-ST-ZIP	Phoenix, AZ 85016	
TITLE	CD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, KENNETH W		NAME		
STREET ADDRESS	2720 EAST CAMELBACK ROAD		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ 85016		CITY-ST-ZIP		
TITLE	DSVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEVENS, KATHY E		NAME		
STREET ADDRESS	2720 EAST CAMELBACK ROAD		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ 85016		CITY-ST-ZIP		
TITLE	SVP	☐ Delete	TITLE	DSVP	☐ Change ☒ Addition
NAME	CLEFF, DAVID M		NAME		
STREET ADDRESS	2720 EAST CAMELBACK ROAD		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ 85016		CITY-ST-ZIP		

CR2E034 (9/99)

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: David M. Cleff/Senior Vice President (602) 957-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P03785

ATTACHMENT 1
B0023377

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2000 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT #P03785
AMERICAN PHYSICIANS LIFE INSURANCE COMPANY
ADDITIONAL OFFICERS & DIRECTORS

VP STRICKER, MICHAEL P
2720 E. Camelback Road
Phoenix, AZ 85016

VP ZETAH, MARGARET A.
2720 E. Camelback Road
Phoenix, AZ 85016