2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # F9600002814 ALTA HEALTH & LIFE INSURANCE COMPANY 02-13-2001 90018 032 ***150.00 Mailing Address Principal Place of Business 120 MONUMENT CIRCLE ONE CENTENNIAL AVENUE M3NG PISCATAWAY NJ 08855-1326 INDEANAPOLIS IN 46204 3. Mailing Address 2. Principal Place of Business 8515 E. Orchard Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Greenwood Village, CO Applied For 4. FEI Number City & State City & State 59-1031071 Not Applicable 80111 \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32399 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PD Delete TITL F TITLE NAME WHITE, JAMES A NAME STREET ADDRESS ONE CENTENNIAL AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PISCATAWAY NJ 08855-1326 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME (PLEASE SEE ATTACHED SHEET FOR A STREET ADDRESS STREET ADDRESS COMPLETE LIST OF OFFICERS AND CITY-ST-ZIP CITY-ST-ZIP DIRECTORS) Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Richard G. Schultz

(303) 737-4649

F0600000281A

ALTA HEALTH & LIFE INSURANCE COMPANY DIRECTORS/OFFICERS JANUARY 2001

	DIRECTORS
M.T.G. Graye	8515 East Orchard Road, Greenwood Village, CO 80111
W. T. McCallum	8515 East Orchard Road, Greenwood Village, CO 80111
J.D. Motz	8505 East Orchard Road, Greenwood Village, CO 80111
M Rosenbaum	8505 East Orchard Road, Greenwood Village, CO 80111
	OFFICERS COMMUNICATION CONTROL OF THE PROPERTY
J.D. Motz, Chairman, President and	8505 East Orchard Road, Greenwood Village, CO 80111
Chief Executive Officer	
-M.T.G. Graye; Executive Vice	8515 East Orchard Road, Greenwood Village, CO 80111
President, Chief Financial Officer	· · · · · · · · · · · · · · · · · · ·
D.C. Lennox, Senior Vice President and	8525 East Orchard Road, Greenwood Village, CO 80111
Secretary	
G.R. Derback, Vice President and	8515 East Orchard Road, Greenwood Village, CO 80111
Treasurer	
J.L. McCallen, Vice President and	8515 East Orchard Road, Greenwood Village, CO 80111
Actuary	
R.G. Schultz, Vice President, Counsel	8525 East Orchard Road, Greenwood Village, CO 80111
and Assistant Secretary	