

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854209

1. Entity Name
AMERIBEST LIFE INSURANCE COMPANY

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90174 004 ***550.00

0142681 AB

Principal Place of Business
909 LOCUST ST
DES MOINES IA 50309
US

Mailing Address
909 LOCUST ST
DES MOINES IA 50309
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-2542311

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 30015

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME
P. CHERNOW, BARNETT
STREET ADDRESS 909 LOCUST ST
CITY-ST-ZIP DES MOINES IA 50309 ☒ Delete

TITLE NAME
SVPD MUMFORD, JAMES K
STREET ADDRESS 909 LOCUST ST
CITY-ST-ZIP DES MOINES IA 50309 ☒ Delete

TITLE NAME
CAO WILDEN, MICHELLEN A
STREET ADDRESS 909 LOCUST ST
CITY-ST-ZIP DES MOINES IA 50309 ☒ Delete

TITLE NAME
VPCA LAURENS, DOUGLAS J
STREET ADDRESS 909 LOCUST ST
CITY-ST-ZIP DES MOINES IA 50309 ☒ Delete

TITLE NAME
D WELP, CHRISTOPHER R
STREET ADDRESS 909 LOCUST ST
CITY-ST-ZIP DES MOINES IA 50309 ☒ Delete

TITLE NAME
D MAY, THOMAS L
STREET ADDRESS 909 LOCUST ST
CITY-ST-ZIP DES MOINES IA 50309 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME President/Dir
NAME Keith Gubbay
STREET ADDRESS 5780 Powers Ferry Road, NW
CITY-ST-ZIP Atlanta, GA 30327 ☐ Change ☒ Addition

TITLE NAME SVP/CFD/Dir
NAME Chris D. Schreier
STREET ADDRESS 5780 Powers Ferry Road, NW
CITY-ST-ZIP Atlanta, GA 30327 ☐ Change ☒ Addition

TITLE NAME SVP/Ass't Sec
NAME David L. Jacobson
STREET ADDRESS 1475 Dunwoody Drive
CITY-ST-ZIP West Chester, PA 19380 ☐ Change ☒ Addition

TITLE NAME SVP, Tax
NAME Boyd G. Combs
STREET ADDRESS 5780 Powers Ferry Road, NW
CITY-ST-ZIP Atlanta, GA 30327 ☐ Change ☒ Addition

TITLE NAME Secretary
NAME Paula Cludray-Engelke
STREET ADDRESS 20 Washington Avenue S.
CITY-ST-ZIP Minneapolis, MN 55401 ☐ Change ☒ Addition

TITLE NAME Director
NAME Mark A. Tullis
STREET ADDRESS 5780 Powers Ferry Road, NW
CITY-ST-ZIP Atlanta, GA 30327 ☐ Change ☒ 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:

Thomas L. May
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-07-02 612/342-3968
Date Daytime Phone #

CR2E034 (4/02)