## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 398568** 

**Entity Name:** CHASEFED INSURANCE CO.

US

Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
401 N TRYON ST	7300 N KENDALL DR

401 N TRYON ST NC1-021-03-09

CHARLOTTE, NC 28255

**Current Mailing Address:** 

CHARLOTTE, NC 28255

401 N TRYON ST

NC1-021-03-09

**New Mailing Address:** 

MIAMI, FL 33156

401 N TRYON ST NC1-021-02-20

CHARLOTTE, NC 28255 US

FEI Number: 59-1385825 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: COB (X) Change ( ) Addition

MORLAN, ROBERT R Name: Name: PURVIS, DEAN A 401 N. TRYON STREET NC1-021-03-09 401 N. TRYON ST NC1-021-02-20 Address: Address:

City-St-Zip: CHARLOTTE, NC 28255 City-St-Zip: CHARLOTTE, NC 28255

SVP Title: SVP Title: () Delete (X) Change ( ) Addition

Name: MROZ, GREG S Name: MROZ, GREG S

401 N. TRYON STREET NC1-021-03-09 401 N. TRYON ST NC1-021-02-20 Address: Address: CHARLOTTE, NC 28255 US CHARLOTTE, NC 28255 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete SOKITCH, CHRISTINE STARK, EDWARD J Name: Name:

401 N. TRYON STREET NC1-021-03-09 401 N. TRYON ST NC1-021-02-20 Address: Address:

City-St-Zip: CHARLOTTE, NC 28255 City-St-Zip: CHARLOTTE, NC 28255

Title: ( ) Delete Title: TD (X) Change ( ) Addition PELLERIN, J. KEITH PELLERIN, J. KEITH Name: Name:

Address: 401 N. TRYON STREET NC1-021-03-09 Address: 401 N. TRYON ST NC1-021-02-20

City-St-Zip: City-St-Zip: CHARLOTTE, NC 28255 CHARLOTTE, NC 28255

Title: (X) Delete Title: () Change () Addition

BAYNARD, CHARLES M Name: Name: 401 N. TRYON STREET NC1-021-03-09 Address: Address:

City-St-Zip: CHARLOTTE, NC 28255 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG S MROZ SVP 04/26/2002