

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 579120

1. Corporation Name

STERLING INVESTORS LIFE INSURANCE COMPANY

Principal Place of Business

**150 SECOND AVENUE NORTH, SUITE 500
SOUTHTRUST BANK BUILDING
ST. PETERSBURG FL 33701**

Mailing Address

**150 SECOND AVENUE NORTH, SUITE 500
SOUTHTRUST BANK BUILDING
ST. PETERSBURG FL 33701**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1978

4. FEI Number

59-1838073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **BATES, NEIL L.**
CITY-ST-ZIP **5070 WHITE PINE CR., NE
ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **YANCEY, DELOS H**
CITY-ST-ZIP **855 OCEAN SHORE BLVD, UNIT 219
ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **CD**
STREET ADDRESS **HALE, RODNEY L**
CITY-ST-ZIP **2321-F DUNWOODY CROSSING
ATLANTA GA**

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **HAGELMAN, CURT R**
CITY-ST-ZIP **3893 BELLE VISTA DR E
ST PETERSBURG BEACH FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **KLAESER, KARL-HEINZ**
CITY-ST-ZIP **4620 BLUE MOUNTAIN DR
TUCSON AZ**

TITLE ☒ DELETE

NAME **VT**
STREET ADDRESS **OGASAWARA, MICHAEL J**
CITY-ST-ZIP **13128 VILLAGE CHASE CIRCLE
TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D**
1.3 STREET ADDRESS **Bates, Neil L.**
1.4 CITY-ST-ZIP **5070 White Pine Cr., NE
St. Petersburg, FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **MD**
2.3 STREET ADDRESS **Yancey, Delos H.**
2.4 CITY-ST-ZIP **855 Ocean Shore Blvd., Unit 219
Ormond Beach, FL**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **CDPT**
3.3 STREET ADDRESS **Hale, Rodney L.**
3.4 CITY-ST-ZIP **2321-F Dunwoody Crossing
Atlanta, GA**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **5406 PALM WAY**
4.3 STREET ADDRESS **ST. PETE BEACH, FL.**
4.4 CITY-ST-ZIP **V**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Gil, Edito M.**
5.3 STREET ADDRESS **4713 Glenbrooke Terr**
5.4 CITY-ST-ZIP **Sarasota, FL**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **S**
6.3 STREET ADDRESS **Puente, Karen**
6.4 CITY-ST-ZIP **400 Embassy Row, Suite 520
Atlanta, GA**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/99

Date

(727) 894-7978

Daytime Phone #

CR2E034 (1/98)

0404851