

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 579120

1. Entity Name

STERLING INVESTORS LIFE INSURANCE COMPANY

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90088 038 ***150.00

Principal Place of Business

Mailing Address

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

150 SECOND AVENUE NORTH, SUITE 500
SOUTHTRUST BANK BUILDING
ST. PETERSBURG FL 33701-3340

2. Principal Place of Business

One Progress Plaza

Suite, Apt. #, etc.
Suite 810

City & State
St. Petersburg, FL

33701

Country
USA

3. Mailing Address

One Progress Plaza

Suite, Apt. #, etc.
Suite 810

City & State
St. Petersburg, FL

33701

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1838073

Applied For

Not Applicable

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 BUILDING
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY - ST - ZIP	D BATES, NEIL L. 5070 WHITE PINE CR., NE ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD YANCEY, DELOS H 855 OCEAN SHORE BLVD, UNIT 219 ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDPT HALE, RODNEY L 2021 F DUNWOODY CROSSING ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAGELMAN, CURT R 5406 PALI WAY ST PETERSBURG BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLAESER, KARL-HEINZ 4620 BLUE MOUNTAIN DR TUCSON AZ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PUENTE, KAREN 400 EMBASSY ROW STE 520 ATLANTA GA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

218 Sand Key Estates Dr.
Clearwater, FL 33767

Phillips, (Karen)
5241 Pikes Peak Ct.
Marietta, GA 30062

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:

Curt R. Hagelman, Exec. Vice Pres.

3-30-00

(727) 896-6434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)