

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90219 044 ***150.00

DOCUMENT # 579120

1. Entity Name

STERLING INVESTORS LIFE INSURANCE COMPANY

Principal Place of Business

**1 PROGRESS PLAZA
 STE 810
 ST. PETERSBURG FL 33701
 US**

Mailing Address

**1 PROGRESS PLAZA
 STE 810
 ST. PETERSBURG FL 33701
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BATES, NEIL L.	
STREET ADDRESS	5070 WHITE PINE CR., NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	YANCEY, DELOS H	
STREET ADDRESS	855 OCEAN SHORE BLVD, UNIT 219	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	CDPT	<input type="checkbox"/> Delete
NAME	HALE, RODNEY L	
STREET ADDRESS	218 SAND KEY ESTATES DR	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAGELMAN, CURT R	
STREET ADDRESS	5406 PALI WAY	
CITY-ST-ZIP	ST PETERSBURG BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLAESER, KARL-HEINZ	
STREET ADDRESS	4620 BLUE MOUNTAIN DR	
CITY-ST-ZIP	TUCSON AZ	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHILLIPS, KAREN	
STREET ADDRESS	5241 PIKES PEAK CT	
CITY-ST-ZIP	MARIETTA GA 30062	

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney L. Hale, President & CEO

Date

Daytime Phone #

2/5/01 727-896-6434

CR2E034 (10/00)