

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90235 013 ***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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **EDITO M. GIL**
STREET ADDRESS **6921 ARBOR OAKS CT.**
CITY-ST-ZIP **BRADENTON, FL 34209**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CDPT** ☐ Delete
NAME **HALE, RODNEY L**
STREET ADDRESS **218 SAND KEY ESTATES DR**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **HAGELMAN, CURT R**
STREET ADDRESS **5406 PALI WAY**
CITY-ST-ZIP **ST PETERSBURG BEACH FL**

TITLE ☐ Change ☒ Addition
NAME **HENRY P. MARTIN**
STREET ADDRESS **46-324 HAIKU RD., #105**
CITY-ST-ZIP **KANEOHE, HI 96744**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **PHILLIPS, KAREN**
STREET ADDRESS **5241 PIKES PEAK CT**
CITY-ST-ZIP **MARIETTA GA 30062**

TITLE ☐ Change ☐ 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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

727-896-6434
 Daytime Phone #

CR2E034 (9/01)