

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 800825

1. Entity Name

THE FRANKLIN LIFE INSURANCE COMPANY

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90239 008 ***150.00

Principal Place of Business

Mailing Address

#1 FRANKLIN SQUARE
SPRINGFIELD IL 62713

#1 FRANKLIN SQUARE
SPRINGFIELD IL 62713-0001

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

37-0281650

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
STATE CAPITOL
TALLAHASSEE FL 32304

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 | CD | <input checked="" type="checkbox"/> Delete |
| NAME | SIMPSON, WILLIAM A | |
| STREET ADDRESS | #1 FRANKLIN SQUARE | |
| CITY-ST-ZIP | SPRINGFIELD IL 62713-0001 | |
| TITLE | VDT | <input type="checkbox"/> Delete |
| NAME | BEUERLEIN, ROBERT M. | |
| STREET ADDRESS | #1 FRANKLIN SQUARE | |
| CITY-ST-ZIP | SPRINGFIELD IL 62713-0001 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | NICKOLSON, MICHAEL M | |
| STREET ADDRESS | #1 FRANKLIN SQUARE | |
| CITY-ST-ZIP | SPRINGFIELD IL 62713-0001 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | FRIEND, ROSS D | |
| STREET ADDRESS | FRANKLIN SQUARE | |
| CITY-ST-ZIP | SPRINGFIELD IL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | REDDICK, GARY D | |
| STREET ADDRESS | #1 FRANKLIN SQUARE | |
| CITY-ST-ZIP | SPRINGFIELD FL 62713 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | ARTHUR, ELIZABETH E | |
| STREET ADDRESS | #1 FRANKLIN SQUARE | |
| CITY-ST-ZIP | SPRINGFIELD IL 62713-0001 | |

| | | |
|----------------|--------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | SEE ATTACHED | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" 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 recorder 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

Christian D. Weiss

2/24/00

Date

217-747-2331

Daytime Phone #

CR2E034 (9/99)



000063622199920100100

1999

Document Code: 201

ANNUAL STATEMENT
For the Year Ended December 31, 1999
OF THE CONDITION AND AFFAIRS OF THE
FRANKLIN LIFE INSURANCE COMPANY

Attachment
0002993
800825

NAIC Group Code 0011 , 0011 NAIC Company Code 63622 Employer's ID Number 37-0281650
(Current Period) (Prior Period)
Organized under the laws of the State of Illinois , using _____ as the Port of Entry
Incorporated 07/23/1884 Commenced Business 07/23/1884
Statutory Home Office #1 Franklin Square, Springfield, IL 62713
Main Administrative Office #1 Franklin Square
Springfield, IL 62713 (217) 528-2011
Mail Address #1 Franklin Square, Springfield, IL 62713
Primary Location of Books and Records #1 Franklin Square
Springfield, IL 62713 (217) 528-2011
Annual Statement Contact Christian Dieter Weiss (217) 747-2331
E-Mail Address: cweiss@thefranklin.com Fax Number: (217) 528-3960

OFFICERS

| | |
|--------------------------------|--------------------------|
| President | Donald Wayne Britton # |
| Assistant Secretary | Elizabeth Evans Arthur |
| Actuary | Robert Michael Beuerlein |
| V.P., Controller and Treasurer | Christian Dieter Weiss |

Vice-Presidents

Robert Michael Beuerlein
David Anthony Fravel #
Robert Frank Herbert, Jr.
Simon Jonathan Leech #
Paul Leo Mistretta #
Gary Dalton Reddick #

Barbara Joy Fossum
Ross David Friend
John Vincent LaGrasse
Darrell Jon Malano #
Brian Dennis Murphy #
Thomas Michael Zurek

DIRECTORS OR TRUSTEES