

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90018 024 \*\*\*150.00

**DOCUMENT # 800825**

1. Entity Name  
**THE FRANKLIN LIFE INSURANCE COMPANY**

Principal Place of Business <b>#1 FRANKLIN SQUARE SPRINGFIELD IL 62713</b>	Mailing Address <b>#1 FRANKLIN SQUARE SPRINGFIELD IL 62713</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>37-0281650</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE FL 32304</b>
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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT DIETER WEISS, CHRISTIAN #1 FRANKLIN SQUARE SPRINGFIELD IL 62713-0001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CT/AS/D Weiss, Christian D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEUERLEIN, ROBERT M. #1 FRANKLIN SQUARE SPRINGFIELD IL 62713-0001 <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	PD FRIEND, ROSS D #1 FRANKLIN SQUARE SPRINGFIELD IL 62713-0001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Britton, Donald W. #1 Franklin Square Springfield, IL 62713-0001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIEND, ROSS D FRANKLIN SQUARE SPRINGFIELD IL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Martin, Jr., Rodney O. #1 Franklin Square Springfield, IL 62713-0001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REDDICK, GARY D #1 FRANKLIN SQUARE SPRINGFIELD FL 62713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Herzog, David L. #1 Franklin Square Springfield, IL 62713-0001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ARTHUR, ELIZABETH E #1 FRANKLIN SQUARE SPRINGFIELD IL 62713-0001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ridlehuber, Ronald H. #1 Franklin Square Springfield, IL 62713-0001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Christian D. Weiss 2/23/01 217-747-2331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)