

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 801588

1. Entity Name

LIBERTY LIFE INSURANCE COMPANY

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90018 041 ***550.00

Principal Place of Business

2000 WADE HAMPTON BLVD
GREENVILLE SC 29615

Mailing Address

PO BOX 789
GREENVILLE SC 29602

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

57-0249218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32304

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOEWEN, RONALD 2000 WADE HAMPTON BLVD GREENVILLE SC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JOHNSON, JENNIE M 2000 WADE HAMPTON BLVD. GREENVILLE SC 29615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILLIAMS, MARTHA G. 2000 WADE HAMPTON BLVD GREENVILLE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, KENNETH W 2000 WADE HAMPTON BLVD. GREENVILLE SC 29615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CATER, EUGENE F. 2000 WADE HAMPTON BLVD. GREENVILLE SC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIPPI, HAYNE 2000 WADE HAMPTON BLVD GREENVILLE SC	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert E. Evans 2000 Wade Hampton Blvd. Greenville, SC	<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 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

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:

Kenneth W. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00
Date

864-609-3646
Daytime Phone #

CR2E034 (5/00)