2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Andrew S. Walsh

May 15, 2000 8:00 am Secretary of State DOCUMENT # 803328 LEGION INSURANCE COMPANY 05-15-2000 91400 007 ***150.00 Principal Place of Business Mailing Address ONE LOGAN SQUARE ONE LOGAN SQUARE STE, 1400 AUU58437 STF. 1400 PHILADELPHIA PA 19103-6933 PHILADELPHIA PA 19103 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 23-1892289 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) STATE CAPITOL TALLAHASSEE FL 32304 Zip Code FL **州州河州区村 均位** 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. YEE! CHEEDIN 3/130 SIGNATURE . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99) ☐ Change Addition TITLE PD ☐ Delete TITLE KESSOCK, JOHN NAME STREET ADDRESS STREET ADDRESS ONE LOGAN SQUARE, STE. 1400 CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19103 SVD X Change Addition SVPT ☐ Delete TITLE FREDERICK, GREGG NAME NAME STREET ADDRESS STREET ADDRESS ONE LOGAN SQUARE, STE. 1400 CITY-ST-ZIP CITY-ST-ZIP ~ PHILADELPHIA PA 19103 ☐ Change ☐ Addition SVPD Delete TITLE PARTRIDGE, GLENN NAME STREET ADDRESS STREET ADDRESS ONE LOGAN SQUARE, STE. 1400 CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19103 Addition A Delete ☐ Change TITLE TITLE Quist, Michael BONE, ROGER NAME NAME Ste. 1150 STREET ADDRESS 111 E. Kilbourn Ave., STREET ADDRESS ONE LOGAN SQUARE, STE. 1400 CITY-ST-ZIP CITY-ST-ZIP Milwaukee, WI 53202 PHILADELPHIA PA 19103 **SVPD** ☐ Delete TITLE Change Addition TITLE NAME WALSH, ANDREW NAME ONE LOGAN SQUARE, STE. 1400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19103 X Change Addition **SVPD** ☐ Delete TITLE TITLE ABEL, SHARON NAME MAME STREET ADDRESS STREET ADDRESS 111 E. KILBOURN AVE., STE. 1150 CITY-ST-ZIP Milwaukee, WI 53202 CITY-ST-7IP MILWAUKKE WI 19103 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 eath; 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

FILED

215-963-1200

Daytime Phone #

4/24/00