

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 803328

1. Entity Name

LEGION INSURANCE COMPANY

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 91400 007 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE LOGAN SQUARE  
STE. 1400  
PHILADELPHIA PA 19103  
US

ONE LOGAN SQUARE  
STE. 1400  
PHILADELPHIA PA 19103-6933  
US

A0058437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1892289

Applied For

Not Applicable

Zip

Country

Zip

Country

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 OF FLORIDA  
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	PD	<input type="checkbox"/> Delete
NAME	KESOCK, JOHN	
STREET ADDRESS	ONE LOGAN SQUARE, STE. 1400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	FREDERICK, GREGG	
STREET ADDRESS	ONE LOGAN SQUARE, STE. 1400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	PARTRIDGE, GLENN	
STREET ADDRESS	ONE LOGAN SQUARE, STE. 1400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BONE, ROGER	
STREET ADDRESS	ONE LOGAN SQUARE, STE. 1400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	WALSH, ANDREW	
STREET ADDRESS	ONE LOGAN SQUARE, STE. 1400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	ABEL, SHARON	
STREET ADDRESS	111 E. KILBOURN AVE., STE. 1150	
CITY-ST-ZIP	MILWAUKEE WI 53202	

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NAME	Quist, Michael	
STREET ADDRESS	111 E. Kilbourn Ave., Ste. 1150	
CITY-ST-ZIP	Milwaukee, WI 53202	
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