

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91325 017 \*\*\*150.00

**C0067234**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 803328  
 1. Entity Name  
**LEGION INSURANCE COMPANY**

Principal Place of Business Mailing Address

2. Principal Place of Business **One Logan Square**  
 Suite, Apt. #, etc. **Suite 1400**  
 City & State **Philadelphia, PA**  
 Zip **19103** Country **US**

3. Mailing Address **One Logan Square**  
 Suite, Apt. #, etc. **Suite 1400**  
 City & State **Philadelphia, PA**  
 Zip **19103** Country **US**

4. FEI Number **23-1892289** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Insurance Commissioner of FL**  
**State Capitol**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Kessock, John	
STREET ADDRESS	One Logan Square Suite 1400	
CITY-ST-ZIP	Philadelphia PA 19103	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	Frederick, Gregg	
STREET ADDRESS	One Logan Square Suite 1400	
CITY-ST-ZIP	Philadelphia PA 19103	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	Partridge, Glenn	
STREET ADDRESS	One Logan Square Suite 1400	
CITY-ST-ZIP	Philadelphia PA 19103	
TITLE	VT	<input type="checkbox"/> Delete
NAME	Quist, Michael	
STREET ADDRESS	111 E. Kilbourn Ave. Suite 1150	
CITY-ST-ZIP	Milwaukee WI 53202	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	Walsh, Andrew	
STREET ADDRESS	One Logan Square Suite 1400	
CITY-ST-ZIP	Philadelphia PA 19103	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	Abel, Sharon	
STREET ADDRESS	111 E. Kilbourn Ave. Suite 1150	
CITY-ST-ZIP	Milwaukee WI 53202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 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:** Andrew S. Walsh *Andrew S. Walsh* **4/25/01** **215-963-1200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)