

2001 UNIFORM BUSINESS REPORT-(UBR)

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

05-17-2001 91325 016 ***150.00

DOCUMENT # **804753**

1. Entity Name

VILLANOVA 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

04-1029440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0067235

6. Name and Address of Current Registered Agent

State Insurance Commissioner
 Capitol 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 \$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 ☐ Delete
 NAME Kessock, John
 STREET ADDRESS One Logan Square Suite 1400
 CITY-ST-ZIP Philadelphia PA 19103

TITLE SVD ☐ Delete
 NAME Frederick, Gregg
 STREET ADDRESS One Logan Square Suite 1400
 CITY-ST-ZIP Philadelphia PA 19103

TITLE SVPD ☐ Delete
 NAME Partridge, Glenn
 STREET ADDRESS One Logan Square Suite 1400
 CITY-ST-ZIP Philadelphia PA 19103

TITLE VT ☐ Delete
 NAME Quist, Michael
 STREET ADDRESS 111 E. Kilbourn Ave. Suite 1150
 CITY-ST-ZIP Milwaukee WI 53202

TITLE SVSD ☐ Delete
 NAME Walsh, Andrew
 STREET ADDRESS One Logan Square Suite 1400
 CITY-ST-ZIP Philadelphia PA 19103

TITLE SVPD ☐ 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 ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

215-963-1200

Daytime Phone #

CR2E034 (11/00)