

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 808643

1. Entity Name

AMERICAN PROGRESSIVE LIFE AND HEALTH INSURANCE C

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90195 019 ***150.00

Principal Place of Business

Mailing Address

6 INTERNATIONAL DRIVE
SUITE #190
RYE BROOK NY 10573-1068
US

6 INTERNATIONAL DRIVE
SUITE #190
RYE BROOK NY 10573-1058
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1851754

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
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 CPD ☐ Delete
NAME BARASCH, RICHARD A.
STREET ADDRESS 160 WEST 86TH ST
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPC ☐ Delete
NAME WAEGELEIN, ROERT ARTHUR
STREET ADDRESS 28 STIRRUP TRAIL
CITY-ST-ZIP PAULING NY 12564

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME FERRARONE, JOAN M.
STREET ADDRESS 150 MIDDLE RIVER RD
CITY-ST-ZIP DANBURY CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME DALY, WILLIAM MARTIN
STREET ADDRESS 23 APPLE TREE
CITY-ST-ZIP BETHEL CT 06801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME WEHNER, WILLIAM E.
STREET ADDRESS 199 PROMENADE CR
CITY-ST-ZIP HEATHROW FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME SULTANA, STAN
STREET ADDRESS 39-38 223 STREET
CITY-ST-ZIP BAYSIDE NY 11361

TITLE VP + Treasurer ☐ Change ☒ Addition
NAME Cannone, Richard M.
STREET ADDRESS 121 Gail Lane
CITY-ST-ZIP Poughkeepsie, NY 12570

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 *Joan M. Ferrarone* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN M. FERRARONE

1/10/00

Date

800-332-3377

Daytime Phone #

CR2E034 (9/99)