

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90003 019 \*\*\*150.00

**DOCUMENT # 808643**

1. Entity Name

**AMERICAN PROGRESSIVE LIFE AND HEALTH INSURANCE C**

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 10573-1068  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-1851754**

Applied For

Not Applicable

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, 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

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 APPLETREE**  
 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 **TV** ☐ Delete  
 NAME **CANNONE, RICHARD M**  
 STREET ADDRESS **121 GAIL LANE**  
 CITY-ST-ZIP **POUGHQUAG NY 12570**

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: *Joan M. Ferrarone* **JOAN M. FERRARONE** 2/9/01 914 934 8700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)