

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809031

1. Entity Name

BCS LIFE INSURANCE COMPANY

Principal Place of Business

676 N ST CLAIR ST
CHICAGO IL 60611

Mailing Address

676 N ST CLAIR ST
CHICAGO IL 60611-2927

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-2149353

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 OF FLORIDA
STATE CAPITOL, PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399-0300

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARAN, EDWARD J. 676 N ST CLAIR ST CHICAGO, IL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BERG, WENDELL H. 676 N. ST. CLAIR STREET CHICAGO IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PERILLO, PHILLIP A. 676 N. ST. CLAIR STREET CHICAGO IL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RYAN, DANIEL P. 676 N. ST. CLAIR STREET CHICAGO, ILL 0	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERG, WENDELL H. 676 N. ST. CLAIR ST. CHICAGO IL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendell H. Berg, Secretary 4/17/00 312-951-7840

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)