## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # 809250 Mar 02, 2000 8:00 am 1. Entity Name THE OLD LINE LIFE INSURANCE COMPANY OF AMERICA **Secretary of State** 03-02-2000 90068 041 \*\*\*150.00 Principal Place of Business Mailing Address 707 NORTH 11TH STREET 707 NORTH 11TH STREET MILWAUKEE WISCONSIN 53204-1208 MILWAUKEE WISCONSIN 53233 2. Principal Place of Business 3. Mailing Address 1200 North Mayfair Road P.O. Box 401 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 300 City & State City & State 4. FEI Number Applied For 39-0515140 Milwaukee, WI Milwaukee, WI Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 53201-0401 53226 Fee Required US US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDBERG, J. Street Address (P.O. Box Number is Not Acceptable) REGENCY INS ASSOC INC. 9690 NW 41ST ST. MIAMI FL 33152 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PΠ Change ☐ Addition TITLE ☐ Delete TITLE HOLLAR, RICHARD A NAME NAME 707 N-11TH STREET STREET ADDRESS STREET ADDRESS 1200 North Mayfair Road Suite 300 CITY-ST-ZIP MILWAUKEE WI 53233 CITY-ST-ZIP. Milwaukee, WI 53226 X Change ☐ Addition Delete TITLE TITLE NAUTA, DALE H NAME NAME 707 N 11 ST STREET ADDRESS 750 West Virginia Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MILWAUKEE WI** Milwaukee, WI 53204 分 Change ☐ Addition TITLE ☐ Delete TITLE MAJOR, KENT NAME NAME 707 N. 11 ST. STREET ADDRESS STREET ADDRESS 750 West Virginia Street CITY-ST-ZIP MILWAUKEE WI CITY-ST-ZIP <u> Milwaukee. WI 53204</u> Change ☐ Addition ☐ Delete TITLE TITLE STONE, STEPHEN R NAME NAME 750 West Virginia Street 707 N 11TH ST STREET ADORESS STREET ADDRESS CITY-ST-ZIP MILWAUKEE WI Milwaukee, WI CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS 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

2/01/00

414-286-1500

Davime Phone