

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809325

1. Entity Name

ALL AMERICAN LIFE INSURANCE COMPANY

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90033 029 ***150.00

Principal Place of Business

Mailing Address

8501 WEST HIGGINS ROAD
MILWAUKEE WI 53201-2074

P.O. BOX 2074
JUMPING BROOK CORPORATE PARK
NEPTUNE NJ 07754-2074
US

2. Principal Place of Business

1 Franklin Square

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2074

Suite, Apt. #, etc.

City & State

Springfield, IL

City & State

Milwaukee, WI

4. FEI Number

36-2148702

Applied For

Not Applicable

Zip

62713

Country

US

Zip

53201-2074

Country

US

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

CT CORPORATION
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

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	VD	<input checked="" type="checkbox"/> Delete
NAME	LOCKE, JOSEPH	
STREET ADDRESS	8501 W. HIGGINS ROAD	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BICKLER, JAMES A.	
STREET ADDRESS	8501 W HIGGINS RD	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH MARASH, RANDY	
STREET ADDRESS	3600 ROUTE 66	
CITY-ST-ZIP	NEPTUNE NJ 07754-1580	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JERAK, JOSEPHINE P.	
STREET ADDRESS	8501 W HIGGINS RD	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NELSON DUNN, DAVID	
STREET ADDRESS	3600 ROUTE 66	
CITY-ST-ZIP	NEPTUNE NJ 07754-1580	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRANGER, PAUL F	
STREET ADDRESS	3600 ROUTE 66	
CITY-ST-ZIP	NEPTUNE NJ 07754-1580	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hollar, Richard A.	
STREET ADDRESS	1200 North Mayfair Road Suite 300	
CITY-ST-ZIP	Milwaukee, WI 53226	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nauta, Dale H.	
STREET ADDRESS	750 West Virginia Street	
CITY-ST-ZIP	Milwaukee, WI 53204	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Major, Kent	
STREET ADDRESS	750 West Virginia Street	
CITY-ST-ZIP	Milwaukee, WI 53204	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stone, Stephen R.	
STREET ADDRESS	750 West Virginia Street	
CITY-ST-ZIP	Milwaukee, WI 53204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stephen R. Stone (Stephen R. Stone), VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/00

Date

414-286-1500

Daytime Phone #

CR2E034 (9/99)