

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809325

1. Entity Name

ALL AMERICAN LIFE INSURANCE COMPANY

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90200 034 ***150.00

Principal Place of Business
#1 FRANKLIN SQUARE
SPRINGFIELD IL 62713

Mailing Address
P.O. BOX 2074
~~JUMPING BROOK CORPORATE PARK~~
MILWAUKEE WI 53201
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number **36-2148702**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAR, RICHARD A		NAME	Britton, Donald W	
STREET ADDRESS	1200 N MAYFAIR ROAD STE 300		STREET ADDRESS	2929 Allen Parkway	
CITY-ST-ZIP	MILWAUKEE WI 53226		CITY-ST-ZIP	Houston, TX 77019	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUTA, DALE H		NAME		
STREET ADDRESS	750 W VIRGINIA ST		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI 53204		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJOR, KENT		NAME	Yopps, Fredric Robert	
STREET ADDRESS	750 W VIRGINIA ST		STREET ADDRESS	750 West Virginia Street	
CITY-ST-ZIP	MILWAUKEE WI 53204		CITY-ST-ZIP	Milwaukee, WI 53204	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, STEPHEN R		NAME		
STREET ADDRESS	750 W VIRGINIA ST		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI 53204		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Stone, Vice President 2/01/01 414-286-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)