

2002 UNIFORM BUSINESS REPORT (UBR)

05/6/20 AT

DOCUMENT # 809653

1. Entity Name
CENTRE LIFE INSURANCE COMPANY

FILED

02 APR -5 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

84 STATE ST
BOSTON MA 02109
US

Mailing Address

ONE CHASE MANHATTAN PLAZA
NEW YORK NY 10005
US

2. Principal Place of Business
155 Federal Street

Suite, Apt. #, etc.
7th Floor

City & State
Boston, MA

Zip
02110

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
04-1589940

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100005418351-1

-05/01/02--01080--001

City

***150.00 PL ***150.00

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, 2002 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

TITLE PD
NAME SWEENEY, EILEEN M
STREET ADDRESS ONE CHASE MANATTAN PLAZA
CITY-ST-ZIP NEW YORK NY 10005 ☐ Delete

TITLE T
NAME APRILL, PATRICIA M
STREET ADDRESS ONE CHASE MANATTAN PLAZA
CITY-ST-ZIP NEW YORK NY 10005 ☐ Delete

TITLE SD
NAME GERMAIN, STEVEN D
STREET ADDRESS ONE CHASE MANHATTAN PLAZA
CITY-ST-ZIP NEW YORK NY 10005 ☒ Delete

TITLE D
NAME PIERSON, FRANK D
STREET ADDRESS ONE CHASE MANHATTAN PLAZA
CITY-ST-ZIP NEW YORK NY 10005 ☐ Delete

TITLE D
NAME KLAASSEN, JOEL D
STREET ADDRESS ONE CHASE MANHATTAN PLAZA
CITY-ST-ZIP NEW YORK NY 10005 ☐ Delete

TITLE V
NAME WISEBLATT, PERRY L
STREET ADDRESS ONE CHASE MANHATTAN PLAZA
CITY-ST-ZIP NEW YORK NY 10005 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE S
NAME Tamba Suzanne King
STREET ADDRESS One Chase Manhattan Plaza
CITY-ST-ZIP New York, NY 10005 ☐ 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 all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

CENTRE LIFE INSURANCE COMPANY

2002

VP

**REGAN, MICHAEL EUGENE
ONE CHASE MANHATTAN PLAZA
NEW YORK, NEW YORK 10005**

D

**DICKSON, THOMAS RUSSELL
ONE CHASE MANHATTAN PLAZA
NEW YORK, NEW YORK 10005**

D

**WASSERMAN, DAVID LEE
ONE CHASE MANHATTAN PLAZA
NEW YORK, NEW YORK 10005**

D

**BOWERS, BRYAN ANDREW
ONE CHASE MANHATTAN PLAZA
NEW YORK, NEW YORK 10005**

D

**MAGNANO, JOSEPH SEBASTIAN
ONE CHASE MANHATTAN PLAZA
NEW YORK, NEW YORK 10005**