2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90029 021 ***550.00

DOCUMENT # 809871

1. Entity Name

THE CENTRAL NATIONAL LIFE INSURANCE COMPANY OF O

Principal Place of Business	Mailing Address
600 BENEFICIAL CENTER STE 0 PEAPACK NJ 07977 US	2700 SANDERS RD TAX DEPT PROSPECT HEIGHTS IL 60070-2701 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
69 Lydecker ST	69 Lydecker ST
Suite, Apt. #, etc.: 9	Suite, Apt. #, etc.:
City & State: NYACK, N.Y.	City & State: NYACK NY
Zip: 10960 Country: USA	Zip: 10960 Country: USA

4. FEI Number 47-0397286 ☐ 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 THE CAPITOL BUILDING TALLAHASSEE FL 33329	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	CPD O'BRIEN, DANIEL R. 600 BENEFICIAL CTR PEAPACK NJ	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Herbert Kurz 69 LYDECKER ST NYACK, NY 10960	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD TITUS, TIMOTHY J 600 BENEFICIAL CENTER PEAPACK NJ 07977	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR W. THOMAS KNIGHT 69 LYDECKER ST. NYACK, NY 10960	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GERARD LUNEMANN 600 BENEFICIAL CTR PEAPACK NJ 07977	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DONNA MONACELLI 69 LYDECKER ST NYACK NY 10960	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARBARA L. HILL 600 BENEFICIAL CTR PEAPACK NJ 07977	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CONTROLLER Charles Snyder 69 LYDECKER ST NYACK, N.Y. 10960	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MICHAEL V. Oporto 69 LYDECKER ST NYACK, N.Y. 10960	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (1/99)

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: Michael V. Oporto PLEASE REMIT Michael V. Oporto 6/1/2000 914-358-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #