

2001 UNIFORM BUSINESS REPORT (UBR).

DOCUMENT # 810333

1. Entity Name

PEOPLES BENEFIT LIFE INSURANCE COMPANY

Principal Place of Business

LIBERTY PARK
FRAZER PA 19355

Mailing Address

LIBERTY PARK
FRAZER PA 19355

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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

TITLE DS ☐ Delete
NAME VERMIE, CRAIG D
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS IA 52499

TITLE DV ☐ Delete
NAME CLANCY, BRENDA K
STREET ADDRESS 4333 EDGEWOOD ROAD NE
CITY-ST-ZIP CEDAR RAPIDS IA 52499

TITLE SVPC ☐ Delete
NAME KOLSRUD, DOUGLAS C
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS IA 52499

TITLE T ☐ Delete
NAME MCCONNELL, MARTHA A
STREET ADDRESS 20 MOORES RD
CITY-ST-ZIP FRAZER PA 19355

TITLE P ☐ Delete
NAME HERBERT, BART J
STREET ADDRESS 1111 N CHARLES ST
CITY-ST-ZIP BALTIMORE MD 21202

TITLE DV ☐ Delete
NAME SARCIA, DOUGLAS A.
STREET ADDRESS LIBERTY PARK
CITY-ST-ZIP FRAZER PA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Vermie, Secretary 4/24/01 (319)398-8511

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91160 014 ***150.00