2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State DOCUMENT # 810333 1. Entity Name PEOPLES BENEFIT LIFE INSURANCE COMPANY 02-05-2002 90082 040 ***150.00 Principal Place of Business Mailing Address LIBERTY PARK: LIBERTY PARK FRAZER PA:19355 FRAZER PA 19355 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-0378030 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired --- -- ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BUILDING TALLAHASSEE FL 32304 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME VERMIE, CRAIG D NAME STREET ADDRESS 4333 EDGEWOOD RD NE STREET ADDRESS CITY-ST-ZIP _= **CEDAR RAPIDS IA 52499** CITY-ST-ZIP TITLE D۷ ☐ Delete TITLE ☐ Change Addition CLANCY, BRENDA K NAME STREET ADDRESS 4333 EDGEWOOD ROAD NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CEDAR:RAPIDS:IA:52499 TITLE SVPC ☐ Delete ☐ Change ☐ Addition NAME KOLSRUD, DOUGLAS C NAME STREET ADDRESS 4333 EDGEWOOD RD NE STREET ADDRESS CITY-ST-ZIP **CEDAR RAPIDS IA 52499** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME MCCONNELL, MARTHA A STREET ADDRESS 20 MOORES RD STREET ADDRESS CITY-ST-ZIE FRAZER PA 19355 CITY-ST-ZIP TITLE X Delete TITLE President X Change ☐ Addition NAME HERBERT, BART J NAME Carp, Marilyn STREET ADDRESS 1111 N CHARLES ST STREET ADDRESS 520 Park Avenue CITY-ST-ZIP **BALTIMORE MD 21202** CITY-ST-ZIP Baltimore, MD 21201 ☐ Delete TITLE ☐ Addition SARCIA, DOUGLAS A. NAME STREET ADDRESS LIBERTY PARK STREET ADDRESS CITY-ST-ZIP FRAZER PA 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 recort 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 of trustee empowered to execute this eport 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:

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered.

WP Q Craig D. Vermie, Secretary

1/16/02

319/398-8511

Daytime Phone #

FILED