

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90262 003 ***150.00

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1. Entity Name
PEOPLES BENEFIT LIFE INSURANCE COMPANY



Principal Place of Business

4333 EDGEWOOD RD. N.E.
CEDAR RAPIDS, IA 52499

Mailing Address

4333 EDGEWOOD RD. N.E.
CEDAR RAPIDS, IA 52499



04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number
43-0378030

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE DEVP
NAME NORMAN, LARRY N
STREET ADDRESS 4333 EDGEWOOD ROAD NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

TITLE DVP
NAME SMITH, BRIAN A
STREET ADDRESS 20 MOORES RD.
CITY-ST-ZIP FRAZER, PA 19355

TITLE DVP
NAME MEINERS, DIANE
STREET ADDRESS 4333 EDGEWOOD RD. N.E.
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

TITLE DVP
NAME MODZELEWSKI, KATHLEEN M
STREET ADDRESS 4333 EDGEWOOD RD. N.E.
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

Date

4/22/04

Daytime Phone #

319-398-8511