

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 004 ***150.00

DOCUMENT # 810333

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**



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-0378030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MODZELEWSKI, KATHLEEN M
4333 EDGEWOOD RD. N.E.
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Vermie
Secretary

2/25/05
Date

319-398-8511
Daytime Phone #