

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90984 006 ***150.00

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
4333 Edgewood Road NE

3. Mailing Address
4333 Edgewood Road NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cedar Rapids, IA

City & State
Cedar Rapids, IA

Zip
52499

Country

Zip
52499

Country

4. FEI Number **43-0378030**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. 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 **MARILYN, CARP**
STREET ADDRESS **520 PARK AVENUE**
CITY-ST-ZIP **BALTIMORE MD 21201**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director, VP** ☐ Change ☒ Addition
NAME **Brian A. Smith**
STREET ADDRESS **20 Moores Road**
CITY-ST-ZIP **Frazer, PA 19355**

TITLE **Director, Exec VP** ☒ Change ☐ Addition
NAME **Larry N. Norman**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **Director, VP** ☐ Change ☒ Addition
NAME **Diane Meiners**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **Director, VP** ☐ Change ☒ Addition
NAME **Kathleen M. Modzelewski**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **Director, President** ☒ Change ☐ Addition
NAME **Marilyn Carp**
STREET ADDRESS **520 Park Avenue**
CITY-ST-ZIP **Baltimore, MD 21201**

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

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.

Craig D. Vermie

Director, Secretary

4/25/03

319-398-8511

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)