

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813799

1. Entity Name

CHARTER NATIONAL LIFE INSURANCE COMPANY

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90089 006 ***150.00

Principal Place of Business

Mailing Address

8301 MARYLAND AVE
ST LOUIS MISSOURI 63105

399 MARKET STREET
TAX DEPT- 5TH FLOOR
PHILADELPHIA PA 19181-0001
US

2. Principal Place of Business

3100 Sanders Rd

3. Mailing Address

3075 Sanders Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE H1A

City & State

Northbrook, IL

City & State

Northbrook, IL

Zip

60062-7154

Country

US

Zip

60062-7127

Country

US

4. FEI Number

43-0708954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA, CAPITAL BLDG.
TALLAHASSEE FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
32399

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, 2000 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	V	<input checked="" type="checkbox"/> Delete
NAME	MILLER, A S	
STREET ADDRESS	8301 MARYLAND AVE	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PETITT, RICHARD G.	
STREET ADDRESS	4415 SE HAIGH POINT COURT	
CITY-ST-ZIP	STUART FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SENTNER, TIMOTHY C.	
STREET ADDRESS	9 HIDDEN ACRES DRIVE	
CITY-ST-ZIP	VINCETOWN NJ	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PETROWSKI, J R	
STREET ADDRESS	122 5TH AVE	
CITY-ST-ZIP	NY NY 10011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sylla, Casey, J.	
STREET ADDRESS	2775 Sanders Rd	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Thomas J. II	
STREET ADDRESS	3100 Sanders Rd	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	velotta, Michael J.	
STREET ADDRESS	3100 Sanders Rd	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zils, James P.	
STREET ADDRESS	2775 Sanders Rd	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Friedman, Marla G.	
STREET ADDRESS	3100 Sanders Rd	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hunter, John R.	
STREET ADDRESS	3100 Sanders Rd	
CITY-ST-ZIP	Northbrook, IL 60062	

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:

Lynn M. Cirincione

Lynn Cirincione

Authorized Representative

447-402-3029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #