FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -5 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **813915** **(6)**

1. Corporation Name
UNITED EQUITABLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
7373 N. CICERO AVENUE LINCOLNWOOD IL 60646	7373 N. CICERO AVENUE LINCOLNWOOD IL 60646

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/26/1959**
3a. Date of Last Report: **03/07/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **36-6049887** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MORROW, STEPHEN	12 NAME		
STREET ADDRESS	7373 N. CICERO AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	LINCOLNWOOD IL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	FELDMAR, DOROTHY	22 NAME		
STREET ADDRESS	7373 N. CICERO AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	LINCOLNWOOD IL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	LUSTBADER, MERLE	32 NAME		
STREET ADDRESS	7373 N. CICERO AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	LINCOLNWOOD IL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	S|D	☑ Change ☐ Addition
NAME	~~FORSTHOFF, MARYLEE~~	42 NAME	Daniel D. Rayeroft	
STREET ADDRESS	7373 N. CICERO AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	LINCOLNWOOD IL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☐ Change ☑ Addition
NAME	LUSTBADER, ROBERT	52 NAME	Eugene P. Mroz	
STREET ADDRESS	7373 N. CICERO AVENUE	53 STREET ADDRESS	7373 N. Cicero Ave	
CITY-ST-ZIP	LINCOLNWOOD IL	54 CITY-ST-ZIP	Lincolnwood, IL 60646	
TITLE		61 TITLE	D	☐ Change ☑ Addition
NAME		62 NAME	George J. Ayd Jr.	
STREET ADDRESS		63 STREET ADDRESS	7373 N. Cicero Ave	
CITY-ST-ZIP		64 CITY-ST-ZIP	Lincolnwood, IL 60646	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or added, in connection with an addition.

SIGNATURE: _____ 3/22/95 (708) 677-4800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0477386 FP