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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 813915 (6)
1. Corporation Name
UNITED EQUITABLE INSURANCE COMPANY



Principal Place of Business
9833 WOODS DRIVE
SKOKIE IL 60077

Mailing Address
9833 WOODS DRIVE
SKOKIE IL 60077

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1959

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

36-6049887

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MORROW, STEPHEN
STREET ADDRESS 9833 WOODS DRIVE
CITY-ST-ZIP SKOKIE IL 60077 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME FELDMAR, GARY
STREET ADDRESS 9833 WOODS DRIVE
CITY-ST-ZIP SKOKIE IL 60077 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME LUSTBADER, MERLE
STREET ADDRESS 9833 WOODS DRIVE
CITY-ST-ZIP SKOKIE IL 60077 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME JURASEK, STEVEN C
STREET ADDRESS 9833 WOODS DRIVE
CITY-ST-ZIP SKOKIE IL 60077 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME LUSTBADER, ROBERT
STREET ADDRESS 9833 WOODS DRIVE
CITY-ST-ZIP SKOKIE IL 60077 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GEORGE, J.A.
STREET ADDRESS 9833 WOODS DRIVE
CITY-ST-ZIP SKOKIE IL 60077 ☒ DELETE

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME JOHN PATRICK HEYWOOD SR.
6.3 STREET ADDRESS 9833 WOODS DRIVE
6.4 CITY-ST-ZIP SKOKIE IL 60077

14. 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 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 on an attachment with an address.

CR2E034 (10/97)