FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90076 006 ***150.00

DOCUMENT # 813915

UNITED EQUITABLE INSURANCE COMPANY

			ing Address			ŀ						
9833 WOODS D			9833 WOODS DRIVE									
SKOKIE IL 60077		SKOKIE IL 60077					DO NOT WRITE IN THIS SPACE					
						F	3. Date In	corporated or Qualif	ed			
						}	10/26	•				l
2. Principal Place of Business 2a. Mailing Add			ddress	ess			4. FEI Number				Appl	ed For
21		26					36-60	49887			Not	Applicable
Suite, Art.	#, etc.		Suite, Apt. #, etc.			-	5. Certificate of Status Desired \$8.75 Acditional				ditional	
27							5. Certifica	e le oi Status Desiret	, L	Fe	e Req	uired
City & Stat	ė	City & St	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28			_		Trust F	and Contribution		Ad	ded to	Fees
Zip Country		Zip	<u> </u>		untry		8. This corporation owes the current year Intangible					
25		29	30				Person al Property Tax. Yes []No 10. Name and Address of New Registered Agent					JN0
	9. Name and Address of Curr	ent Registered Age	nt		- N-		10. Name	and Address of Ne	w Registered	Agent		
INCI:	IRANCE COMMISSIONER			81	Naı	me						
THE CAPITOL BUILDING				82	Stre	eet Ad Iress	dress (P.O. Box Number is Not Acceptable)					
	AHASSEE FL 32301											. —
17tial	A PAGE TE GEGO.			83	<u>'</u>							
				84	City					85	Zip Cc	de
	·	4500.5			L	 	4:	this ototoment for	FI.		an ite ri	vaistered
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	te of Florida. Such c	hande was aul	thorized by	tne c	neo co pora orporation's	s board of d	rectors. I hereby ac	cept the appo	intment.	as regi	stered
agent. I a	m familiar with, and accept the obli	igations of, Section 6	07.0505, Flc ri	da Statute	3,							
SIGNATURE						ture required wh			DATE			
12.	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: I	13.	int signa	ture requirerum		NS/CHANGES TO		ND DIRE	CTOR	S IN 12
TITLE	PD		DELETE	1.1 TITLE	_					☐ Chi	ange	Addition
NAME	MORROW, STEPHEN			1.2 NAME								
STREET ADDRESS	COCC MICCORD DENIE			13 STREE	T ADDRI	ESS						
CITY-ST-ZIP	SKOKIE IL 60077			1.4 CITY-								
TITLE	D		DELETE	2.1 TITLE						☐ Chi	ange	Addition
NAME	FELDMAR, GARY			22 NAME								
STREET ADDRESS	AAAA MAAAAA DARKE			2 3 STREE	T ADDR	ESS						
CITY-ST-ZIP	SKOKIE IL 60077			2. 4 CITY-	ST-ZIP	}						
TITLE	TD		DELETE	3.1 TITLE						Ch	ange	Addition
NAME	LUSTBADER, MERLE			3.2 NAME								
STREET ADDRESS	9833 WOODS DRIVE			3.3 STREE	T ADDR	ESS						
CITY-ST-ZIP	SKOKIE IL 60077			3.4. CITY-	ST-ZIP							
TITLE	<u> </u>		DELETE	4.1 TITLE						☐ Ch	ange	☐ Addition
NAME	JURASEK, STEVEN C			4, 2 NAME								
STREET ADDRESS				4.3 STREE	TADDR	ESS						
CITY-ST-ZIP	SKOKIE IL 60077			4.4 CITY-	ST-ZIP							
TITLE	D		DELETE	51 TITLE						☐ Ch	ange	☐ Addition
NAME	LUSTBADER, ROBERT			5.2 NAME								
STREET ADDRESS				5.3 STREE	T ADDR	ESS						Ì
CITY-ST-ZIP	SKOKIE IL 60077			5.4 CITY-	ST-ZIP							
TITLE	D		DELETE	6.1 TITLE						Chi	ange	☐ Addition
NAME	HEYWOOD, JOHN P SR			6.2 NAME								
STREET ADDRESS	9833 WOODS DRIVE			6.3 STREE	TADOR	ESS						

SKOKIE IL 60077 6.4 CITY-ST-ZIP 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 at or an attach nept with an address with a lother like empowered.

SIGNATURE:

MONING OFFICER OF DIRECTOR