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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90076 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813915

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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
25

29
30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
MORROW, STEPHEN
9833 WOODS DRIVE
SKOKIE IL 60077**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
FELDMAR, GARY
9833 WOODS DRIVE
SKOKIE IL 60077**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TD
LUSTBADER, MERLE
9833 WOODS DRIVE
SKOKIE IL 60077**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
JURASEK, STEVEN C
9833 WOODS DRIVE
SKOKIE IL 60077**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
LUSTBADER, ROBERT
9833 WOODS DRIVE
SKOKIE IL 60077**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
HEYWOOD, JOHN P SR
9833 WOODS DRIVE
SKOKIE IL 60077**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)