

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90238 025 ***150.00

DOCUMENT # 815180

1. Corporation Name

ROYAL MACCABEES LIFE INSURANCE COMPANY

Principal Place of Business

25800 NORTHWESTERN HIGHWAY
PO BOX 2165
SOUTHFIELD MI 2165
US

Mailing Address

25800 NORTHWESTERN HIGHWAY
PO BOX 2165
SOUTHFIELD MI 48037-2165
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1961

4. FEI Number

38-0779740

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.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

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

TITLE V ☐ DELETE
NAME KELLAR, STEPHEN H
STREET ADDRESS 541 MORGAN CIR
CITY-ST-ZIP NORTHVILLE MI 48167

TITLE VSD ☐ DELETE
NAME MCGRATH, MICHAEL A
STREET ADDRESS 7270 KINGSWOOD
CITY-ST-ZIP BLOOMFIELD HILLS MI 48301

TITLE SVP ☐ DELETE
NAME DELIZIA, MICHAEL A.
STREET ADDRESS 4410 HARDWOODS DRIVE
CITY-ST-ZIP WEST BLOOMFIELD MI 48323

TITLE D ☐ DELETE
NAME JUIP, LEO N.
STREET ADDRESS 4391 RAVINEWOOD
CITY-ST-ZIP COMMERCE TWP MI 48382

TITLE DP ☐ DELETE
NAME LEE, JAMES T.
STREET ADDRESS 875 POND ISLAND COURT
CITY-ST-ZIP NORTHVILLE MI 48167

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Michael A. Delizia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (248) 357-4800
Date Daytime Phone #

CR2E034 (11/98)