

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 820798

1. Entity Name

NORTH CENTRAL LIFE INSURANCE COMPANY

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90048 036 ***150.00

Principal Place of Business

Mailing Address

445 MINNESOTA STREET
P O BOX 64139
SAINT PAUL MINNESOTA 55164

445 MINNESOTA STREET
P O BOX 64139
SAINT PAUL MINNESOTA 55164-0139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-0421280**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD.
SANBORN, BRUCE C. ☒ Delete
445 MINNESOTA STREET
ST. PAUL MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EXEC V
MCCARTHY, FRANCIS A. ☐ Change ☒ Addition
445 MINNESOTA STREET
ST. PAUL MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TURNER, SCOTT A ☐ Delete
445 MINNESOTA STREET
ST. PAUL MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHAPMAN, CHRISTOPHER W. ☒ Delete
445 MINNESOTA STREET
ST. PAUL MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
MCLAUGHLIN, MICHAEL E. ☐ Delete
445 MINNESOTA STREET
ST. PAUL MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
DIEHL, RICHARD E ☐ Delete
445 MINNESOTA STREET
ST. PAUL MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DIEHL, RICHARD E. ☒ Change ☐ Addition
445 MINNESOTA STREET
ST. PAUL MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. McLaughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2000

Date

651-227-8000

Daytime Phone #

CR2E034 (9/99)