

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90209 001 \*\*\*150.00

**DOCUMENT # 820798**

1. Entity Name  
**NORTH CENTRAL LIFE INSURANCE COMPANY**



Principal Place of Business  
**PILLSBURY CENTER SOUTH  
220 SOUTH SIXTH STREET  
MINNEAPOLIS MN 55402-1498**

Mailing Address  
**1000 WOODFIELD ROAD  
SUITE 300  
SCHAUMBURG IL 60173-4793**

**11033850**



2. Principal Place of Business

3. Mailing Address

**3600 Route 66**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Neptune, NJ**

4. FEI Number **41-0421280**

Applied For  
Not Applicable

Zip

Country

Zip  
**07754-1580**

Country  
**USA**

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

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **BRITTON, DONALD W**  
STREET ADDRESS **2929 ALLEN PARKWAY**  
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE **C/D** ☐ Change ☒ Addition  
NAME **Rodney O. Martin, Jr./**  
STREET ADDRESS **2929 Allen Parkway**  
CITY-ST-ZIP **Houston, TX 77109**

TITLE **DPCO** ☐ Delete  
NAME **KEELER, WILLIAM M**  
STREET ADDRESS **3600 ROUTE 66**  
CITY-ST-ZIP **NEPTUNE NJ 07754-1580**

TITLE **V/D** ☐ Change ☒ Addition  
NAME **Randy J. Marash**  
STREET ADDRESS **3600 Route 66**  
CITY-ST-ZIP **Neptune, NJ 07754-1580**

TITLE **SVC** ☒ Delete  
NAME **STANKO, RICHARD E**  
STREET ADDRESS **1000 WOODFIELD ROAD**  
CITY-ST-ZIP **SCHAUMBURG IL 60173-4793**

TITLE **V/T** ☐ Change ☒ Addition  
NAME **Walter E. Bednarski**  
STREET ADDRESS **3600 Route 66**  
CITY-ST-ZIP **Neptune, NJ 07754-1580**

TITLE **S** ☐ Delete  
NAME **TUCK, ELIZABETH M**  
STREET ADDRESS **2929 ALLEN PARKWAY**  
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE **V** ☐ Change ☒ Addition  
NAME **Larry A. Compton**  
STREET ADDRESS **1000 Woodfield Ave.**  
CITY-ST-ZIP **Schaumburg, IL 60173**

TITLE **VP** ☐ Delete  
NAME **CHAPMAN, PHILIP L**  
STREET ADDRESS **3600 ROUTE 66**  
CITY-ST-ZIP **NEPTUNE NJ 07754-1580**

TITLE **V** ☐ Change ☒ Addition  
NAME **Robert F. Herbert, Jr.**  
STREET ADDRESS **2727 Allen Parkway**  
CITY-ST-ZIP **Houston, TX 77019**

TITLE **VP** ☒ Delete  
NAME **CURCURU, FELIX C**  
STREET ADDRESS **3600 ROUTE 66**  
CITY-ST-ZIP **NEPTUNE NJ 07754-1580**

TITLE **V** ☐ Change ☒ Addition  
NAME **Alfred N. Thome**  
STREET ADDRESS **1000 Woodfield Rd**  
CITY-ST-ZIP **Schaumburg, IL 60173**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *W. Signature Required* **Controller & Treasurer**

**04/25/03**

**(732) 922-7415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)