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May 05 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris --- Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821781

1. Corporation Name

UNITED PRESIDENTIAL LIFE INSURANCE COMPANY

Principal Place of Business

ONE PRESIDENTIAL PARKWAY
P.O. BOX 9008
KOKOMO IN 46904-9008
US

Mailing Address

ONE PRESIDENTIAL PARKWAY
P.O. BOX 9008
KOKOMO IN 46904-9008
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 11815 N. Pennsylvania St.

26 Suite, Apt. #, etc.

27 Dept. A2A

28 City & State

29 Carmel, IN

30 Zip

31 46032

32 Country

33 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

08/27/1968

4. FEI Number

35-1109881

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐

Yes ☒ No

10. Name and Address of New Registered Agent

81 Name
Insurance Commissioner

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

83

84 City
Tallahassee

FL

85 Zip Code

32399

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
V CLARKE, JOSEPH P
STREET ADDRESS
889 BRIDLE CIRCLE
CITY-ST-ZIP
CARMEL IN

TITLE ☐ DELETE

NAME
V TAYLOR, DENNIS A
STREET ADDRESS
21319 OAKVIEW DR
CITY-ST-ZIP
NOBLESVILLE IN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
11815 N. Pennsylvania St.
Carmel, IN 46032

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
11815 N. Pennsylvania St.
Carmel, IN 46032

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
PD
Kilian, Thomas J.
11815 N. Pennsylvania St.
Carmel, IN 46032

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
EVPD
Dick, Rollin M.
11815 N. Pennsylvania St.
Carmel, IN 46032

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
EVPD
Sabl, John J.
11815 N. Pennsylvania St.
Carmel, IN 46032

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
SVPT
Adams, James S.
11815 N. Pennsylvania St.
Carmel, IN 46032

LS

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:



Michael A. Colliflower 4/27/99

(317)817-6000

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)

5/11