

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90235 045 \*\*\*150.00

**DOCUMENT # 837126**

1. Entity Name

**SECURITY UNION TITLE INSURANCE COMPANY**

Principal Place of Business

**245 S. LOS ROBLES AVE.  
PASADENA CA 91101  
US**

Mailing Address

**171 N. CLARK ST  
ML 06CT  
CHICAGO IL 60601-3294  
US**

2. Principal Place of Business

**4050 CALLE REAL**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**ML 08RS**

City & State

**CITY & State  
SANTA BARBARA CA 93110**

Zip

Country

Zip

Country

4. FEI Number **95-2216067**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	RAU, JOHN E	
STREET ADDRESS	171 N. CLARK ST.	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLARIN, RICHARD M	
STREET ADDRESS	171 N. CLARK ST.	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HALVORSEN, WILLIAM T	
STREET ADDRESS	245 S. LOS ROBLES AVE	
CITY-ST-ZIP	PASADENA CA 91101	
TITLE	V	<input type="checkbox"/> Delete
NAME	ABBINANTE, CHRISTOPHER	
STREET ADDRESS	171 N. CLARK ST.	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HAMLER, GREGORY P	
STREET ADDRESS	171 N. CLARK ST.	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEEMPUTTE, PETER G	
STREET ADDRESS	171 N. CLARK ST.	
CITY-ST-ZIP	CHICAGO IL 60601	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK E. STONE	
STREET ADDRESS	4050 CALLE REAL	
CITY-ST-ZIP	SANTA BARBARA CA 93110	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD M. KLARIN	
STREET ADDRESS	700 S. FLOWER STREET	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EILEEN W. VAN ROEYEN	
STREET ADDRESS	171 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER ABBINANTE	
STREET ADDRESS	171 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	E/CF0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN L. STINSON	
STREET ADDRESS	4050 CALLE REAL	
CITY-ST-ZIP	SANTA BARBARA CA 93110	
TITLE	E/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON J. RAIN	
STREET ADDRESS	4050 CALLE REAL	
CITY-ST-ZIP	SANTA BARBARA CA 93110	

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: EILEEN W. VAN ROEYEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eileen W. Van Roeyen*

Date

**1-30-01**

Daytime Phone #

CR2E034 (10/00)