

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838805

1. Entity Name

AMERICAN CHAMBERS LIFE INSURANCE COMPANY

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90189 037 ***158.75

Principal Place of Business

1805 HIGH POINT DRIVE
NAPERVILLE IL 60563

Mailing Address

ATTN: BRADLEY GOLDSTEIN SVP
1805 HIGH POINT DRIVE
NAPERVILLE IL 60563-9359

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1184218

Applied For

Not Applicable

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

THOMAS GALLAGHER, STATE OF FLORIDA
INSURANCE COMMISSIONER
200 EAST GAINES ST. - LARSON BUILDING
TALLAHASSEE FL 32399

Name

SAME

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 P/D ☐ Delete
NAME SAWICZ, THOMAS T
STREET ADDRESS 1805 HIGH POINT DRIVE
CITY-ST-ZIP NAPERVILLE IL 60563

TITLE V/S ☐ Change ☐ Addition
NAME Sawicz, Richard F.
STREET ADDRESS 1805 High Point Drive
CITY-ST-ZIP Naperville, IL 60563

TITLE V/T ☐ Delete
NAME GOLDSTEIN, BRADLEY J
STREET ADDRESS 1805 HIGH POINT DR.
CITY-ST-ZIP NAPERVILLE IL 60563

TITLE D ☐ Change ☐ Addition
NAME Fulkerson, Davis R.
STREET ADDRESS 1805 High Point Drive
CITY-ST-ZIP Naperville, IL 60563

TITLE D ☐ Delete
NAME BYRD, THERESA L.
STREET ADDRESS 1805 HIGH POINT DRIVE
CITY-ST-ZIP NAPERVILLE IL 60563

TITLE D ☐ Change ☐ Addition
NAME Stradtner, James B.
STREET ADDRESS 1805 High Point Drive
CITY-ST-ZIP Naperville, IL 60563

TITLE D ☐ Delete
NAME STEWART, DEBRA J.
STREET ADDRESS 1805 HIGH POINT DRIVE
CITY-ST-ZIP NAPERVILLE IL 60563

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

TITLE V ☐ Delete
NAME HERR, TIMOTHY J
STREET ADDRESS 1805 HIGH POINT DR
CITY-ST-ZIP NAPERVILLE IL 60563

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

TITLE D ☐ Delete
NAME MEITZEN, GAYLIA R
STREET ADDRESS 1805 HIGH POINT DRIVE
CITY-ST-ZIP NAPERVILLE IL 60563

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

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:

SIGNATURE AND PRINTED NAME OF OFFICER OR DIRECTOR

BRADLEY J. GOLDSTEIN

Date

Daytime Phone #

1-12-00 630-577-8404