

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90069 016 ***150.00

DOCUMENT # 839294
 1. Entity Name
ASSOCIATES FINANCIAL LIFE INSURANCE COMPANY

Principal Place of Business % ASSOCIATES CORP. OF NORTH AMERICA 250 CARPENTER FREEWAY IRVING TX 75062 US	Mailing Address % ASSOCIATES CORP. OF NORTH AMERICA 250 CARPENTER FREEWAY IRVING TX 75062 US
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2. Principal Place of Business 307 West 7th St. Suite, Apt. #, etc. Suite 400 City & State Fort Worth, TX Zip 76102	Country USA	3. Mailing Address 307 W. 7th St. Suite, Apt. #, etc. Suite 400 City & State Fort Worth, TX Zip 76102	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0636062	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VOHRA, ATUL 250 CARPENTER FREEWAY IRVING TX <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WONG, MARTIN J 300 ST. PAUL PLACE BALTIMORE MD 21202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, MARK J 250 CARPENTER FREEWAY IRVING TX 75062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPS FREDRICK, MARK J 250 CARPENTER FREEWAY IRVING TX 75062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRISON, MARK J 250 CARPENTER FREEWAY IRVING TX 75062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPTON, CHARLES E II 250 CARPENTER FREEWAY IRVING TX <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, CEO, & CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ARRELL J. CAMBERO 307 W. 7th Street Suite 400 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD C. AGNELLO 307 W. 7th Street, SUITE 400 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT/ACTUARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CANDACE F. RICHTER 307 W. 7th STREET, SUITE 400 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRES & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICAH E. BUEHLER 307 W. 7th STREET SUITE 400 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRES, GENERAL COUNSEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FREDERIC C. LISKOW SECRETARY 307 W. 7th STREET, SUITE 400 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIANNA L. COOK 307 W. 7th STREET, SUITE 400 FORT WORTH, TX 76102

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]* **REQUIRED** **3/12/02** **817-348-7501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)