

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90222 049 ***150.00

DOCUMENT # 839294

1. Entity Name
ASSOCIATES FINANCIAL LIFE INSURANCE COMPANY



Principal Place of Business
**307 WEST 7TH ST
SUITE 400
FORT WORTH TX 76102
US**

Mailing Address
**307 WEST 7TH ST
SUITE 400
FORT WORTH TX 76102
US**

2. Principal Place of Business
3001 Meacham Blvd.

3. Mailing Address
3001 Meacham Blvd.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Fort Worth, TX

City & State
Fort Worth, TX

Zip
76137-4697

Country
USA

Zip
76137-4697

Country
USA

4. FEI Number
62-0636062

Applied For
Not Applicable

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. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GAMBERO, DARRELL J 307 W 7TH SUITE 400 FORT WORTH TX 76102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV AGNELLO, RICHARD C 307 W 7TH STREET STE 400 FORT WORTH TX 76102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV RICHTER, CANDANCE 307 W 7TH STREET STE 400 FORT WORTH TX 76102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV BUEHLER, MICAH E 307 W 7TH STREET STE 400 FORT WORTH TX 76102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSSV LISKON, FREDERIC C 307 W 7TH STREET STE 400 FORT WORTH TX 76102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV COOK, DIANNA 307 W 7TH STREET STE 400 FORT WORTH TX 76102	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCEO 3001 Meacham Blvd., Suite 200 Fort Worth, TX 76137-4697	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP 3001 Meacham Blvd., Suite 200 Fort Worth, TX 76137-4697	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Regina Rohner 3001 Meacham Blvd., Suite 200 Fort Worth, TX 76137-4697	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP David R. Neaves 3001 Meacham Blvd., Ste. 200 Fort Worth, TX 76137-4697	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE John D. Hatch 3001 Meacham Blvd., Suite 200 Fort Worth, TX 76137-4697	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 Meacham ST., Suite 200 Fort Worth, TX 76137-4697	

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)