

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839522

1. Entity Name

CENTRAL BENEFITS NATIONAL LIFE INSURANCE COMPANY

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90266 025 ***150.00

Principal Place of Business 255 E.MAIN ST. P.O. BOX 16526 COLUMBUS OH 43216-6526	Mailing Address 255 E.MAIN ST. P.O. BOX 16526 COLUMBUS OH 43216-6526
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2. Principal Place of Business 716 Mount Airyshire Blvd. Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 16526 Suite, Apt. #, etc.
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City & State Columbus, OH	City & State Columbus, OH
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Zip 43235	Country USA	Zip 43216-6526	Country USA
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4. FEI Number 35-0982487	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL TALLAHASSEE FL 32304	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCRASE, FLOYD W 255 E.MAIN ST. COLUMBUS OH <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Treasurer Hoffman, Joseph H. 716 Mount Airyshire Blvd. Columbus, OH 43235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MECHLING, WILLIAM C. 255 E.MAIN ST. COLUMBUS OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD & Sr.VP Mechling, William C. 716 Mount Airyshire Blvd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REINHARDT, JOHN B. 255 E. MAIN ST. COLUMBUS OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD & President Reinhardt, John B. 716 Mount Airyshire Blvd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Georges, Ted M. 716 Mount Airyshire Blvd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vandergriff, Scott M. 716 Mount Airyshire Blvd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)