

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839522

1. Entity Name
CENTRAL BENEFITS NATIONAL LIFE INSURANCE COMPANY

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90352 007 ***150.00

Principal Place of Business
716 MOUNT AIRYSHIRE BOULEVARD
COLUMBUS OH 43235

Mailing Address
P.O. BOX 16526
COLUMBUS OH 43216-6526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-0982487

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

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL
TALLAHASSEE FL 32304

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
HOFFMAN, JOSEPH H
716 MOUNT AIRYSHIRE BOULEVARD
COLUMBUS OH 43235 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDVP
MECHLING, WILLIAM C.
255 E. MAIN ST.
COLUMBUS OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDVP
MECHLING, WILLIAM C.
216 MOUNT AIRYSHIRE BLVD.
COLUMBUS, OH 43235 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDP
REINHARDT, JOHN B.
255 E. MAIN ST.
COLUMBUS OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDP
REINHARDT, JOHN B.
716 MOUNT AIRYSHIRE BLVD.
COLUMBUS, OH 43235 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GEORGES, TED M
716 MOUNT AIRYSHIRE BOULEVARD
COLUMBUS OH 43235 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VANDERGRIFT, SCOTT M
716 MOUNT AIRYSHIRE BOULEVARD
COLUMBUS OH 43235 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

Hester 614-797-5720

CR2E034 (9/01)