


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90124 026 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 840052**

1. Corporation Name

**UNITED GENERAL LIFE INSURANCE COMPANY**

Principal Place of Business

**11825 N PENNSYLVANIA ST  
CARMEL TN 46032  
US**

Mailing Address

**11825 N PENNSYLVANIA ST  
DEPT A2A  
CARMEL IN 46032  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/17/1978**

2. Principal Place of Business

**21 11815 N. Pennsylvania St.**

2a. Mailing Address

**26 11815 N. Pennsylvania St.**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27 Dept. A2A**

City & State

**23 Carmel, IN**

City & State

**28 Carmel, IN**

Zip Country

**24 46032 25 US**

Zip Country

**29 46032 30 US**

4. FEI Number

**75-1429981**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITAL BUILDING  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CUNEO, NGAIRE E</b>	1.2 NAME	
STREET ADDRESS	<b>674 WEED STREET</b>	1.3 STREET ADDRESS	<b>11815 N. Pennsylvania St.</b>
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	1.4 CITY-ST-ZIP	<b>Carmel, IN 46032</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COBO HILBERT, STEPHEN C</b>	2.2 NAME	
STREET ADDRESS	<b>1143 W. 116TH STREET</b>	2.3 STREET ADDRESS	<b>11815 N. Pennsylvania St.</b>
CITY-ST-ZIP	<b>CARMEL IN</b>	2.4 CITY-ST-ZIP	<b>Carmel, IN 46032</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD KILIAN, THOMAS J</b>	3.2 NAME	
STREET ADDRESS	<b>11825 N PENNSYLVANIA ST</b>	3.3 STREET ADDRESS	<b>11815 N. Pennsylvania St.</b>
CITY-ST-ZIP	<b>CARMEL IN 46032</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVPO DICK, ROLLIN M</b>	4.2 NAME	
STREET ADDRESS	<b>11825 N PENNSYLVANIA ST</b>	4.3 STREET ADDRESS	<b>11815 N. Pennsylvania St.</b>
CITY-ST-ZIP	<b>CARMEL IN 46032</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVPS SABL, JOHN J</b>	5.2 NAME	
STREET ADDRESS	<b>11825 N PENNSYLVANIA ST</b>	5.3 STREET ADDRESS	<b>11815 N. Pennsylvania St.</b>
CITY-ST-ZIP	<b>CARMEL IN 46032</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVPT ADAMS, JAMES S</b>	6.2 NAME	
STREET ADDRESS	<b>11825 N PENNSYLVANIA ST</b>	6.3 STREET ADDRESS	<b>11815 N. Pennsylvania St.</b>
CITY-ST-ZIP	<b>CARMEL IN 46032</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

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

**Robert E. Burkett, Jr.**

**(317)817-6000**

Date

Daytime Phone #

CR2E034 (11/98)