

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90079 050 ***158.75

DOCUMENT # 846310

1. Corporation Name

UNITED BENEFIT LIFE INSURANCE COMPANY

Principal Place of Business

3909 HULEN ST
FT WORTH TX 76107

Mailing Address

3909 HULEN ST
FT WORTH TX 76107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1980

4. FEI Number

75-2305400

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 VPCT ☒ DELETE
NAME EHRlich, DONALD C
STREET ADDRESS 3909 HULEN ST
CITY-ST-ZIP FT WORTH TX 76107

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Jerry D. Clark
1.3 STREET ADDRESS 3909 Hulen Street
1.4 CITY-ST-ZIP Ft Worth, TX 76107

TITLE C ☐ DELETE
NAME MERRILL, ROBERT H
STREET ADDRESS 3909 HULEN ST
CITY-ST-ZIP FT WORTH TX

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPT ☒ DELETE
NAME JACOBS, BILLY L.
STREET ADDRESS 3909 HULEN ST.
CITY-ST-ZIP FT WORTH TX

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Dennis M. Hensel
3.3 STREET ADDRESS 3909 Hulen Street
3.4 CITY-ST-ZIP Ft Worth, TX 76107

TITLE VPT ☒ DELETE
NAME WHITE, BROOKE J
STREET ADDRESS 3909 HULEN STREET
CITY-ST-ZIP FT WORTH TX

4.1 TITLE VP/T ☒ Change ☐ Addition
4.2 NAME Jerry W. McCreight
4.3 STREET ADDRESS 3909 Hulen Street
4.4 CITY-ST-ZIP Ft Worth, TX 76107

TITLE D ☒ DELETE
NAME HAWKINS, JOHN P.
STREET ADDRESS 3909 HULEN ST
CITY-ST-ZIP FT WORTH TX

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME TAYLOR, SAMUEL A.L. JR
STREET ADDRESS 5107 WOODFIELD DR
CITY-ST-ZIP CARMEL IN

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Jerry W. McCreight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/99

Date

(817) 732-0657

Daytime Phone #

CR2E034 (1/198)