

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846310

1. Entity Name

UNITED BENEFIT LIFE INSURANCE COMPANY

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90059 010 \*\*\*150.00

Principal Place of Business

3909 HULEN ST  
FT WORTH TX 76107

Mailing Address

3909 HULEN ST  
FT WORTH TX 76107-7253

2. Principal Place of Business

17800 ROYALTON RD  
Suite, Apt. #, etc.

3. Mailing Address

17800 ROYALTON RD  
Suite, Apt. #, etc.

City & State

STRONGSVILLE OHIO

City & State

STRONGSVILLE OHIO

4. FEI Number

75-2305400

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

FLORIDA STATE INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

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, 2000 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLARK, JERRY D	
STREET ADDRESS	3909 HULEN ST	
CITY-ST-ZIP	FT WORTH TX 76107	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERRILL, ROBERT H	
STREET ADDRESS	3909 HULEN ST	
CITY-ST-ZIP	FT WORTH TX	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HENSEL, DENNIS M	
STREET ADDRESS	3909 HULEN ST.	
CITY-ST-ZIP	FT WORTH TX 76107	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	MCCREIGHT, JERRY W	
STREET ADDRESS	3909 HULEN STREET	
CITY-ST-ZIP	FT WORTH TX 76107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEN A. LAFFOON	
STREET ADDRESS	17800 ROYALTON RD	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES E. MILLER	
STREET ADDRESS	17800 ROYALTON RD	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA S. STAUDISH	
STREET ADDRESS	17800 ROYALTON RD	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	
TITLE	VICE PRESIDENT + ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN H. PUCK	
STREET ADDRESS	17800 ROYALTON RD	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK L. EDMONDS	
STREET ADDRESS	17800 ROYALTON RD	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD A. KUSNIK	
STREET ADDRESS	17800 ROYALTON RD	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)