CR2E034 (5/01)

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am Secretary of State 846310 DOCUMENT # 1. Entity Name 07-19-2001 90232 048 ***550 00 UNITED BENEFIT LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 17800 ROYALTON 17800 ROYALTON **UUUUUTUU** STRONGSVILLE OH 44136 STRONGSVILLE OH 44136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2305400 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLORIDA STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING **TALLAHASSEE FL 32301** 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITI F Change Delete TITLE LAFFOON, GLEN A NAME NAME tead Royalton Read STREET ADDRESS 17800 ROYALTON RD STREET ADDRESS STRONGSVILLE OH 44136 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE CF₀ ☐ Delete TITLE ☐ Change NAME MILLER, CHARLES E STREET ADDRESS STREET ADDRESS 17800 ROYALTON RD CITY-ST-ZIP CITY-ST-ZIP STRONGSVILLE OH 44136 🛶 - 🖃 Delete Change ☐ Addition TITLE NAME NAME STANDISH, LINDA S STREET ADDRESS STREET ADDRESS 17800 ROYALTON RD CITY-ST-7IP CITY-ST-ZIP STRONGSVILLE OH 44136 Addition ☐ Change Delete TITI F TITLE VAS aru E . Whartor NAME NAME PUCK, STEVEN H STREET ADDRESS STREET ADDRESS 17800 ROYALTON RD CITY-ST-ZIP STRONGSVILLE OH 44136 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME EDMUNDS, PATRICK L STREET ADDRESS STREET ADDRESS 17800 ROYALTON RD CITY-ST-ZIP CITY-ST-ZIP STRONGSVILLE OH 44136 ☐ Delete ☐ Addition KUSOK, RICHARD A NAME ynsvic NAME STREET ADDRESS 17800 ROYALTON RD STREET ADDRESS 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

SIGNATURE:

DEDELCHARD A KUSNIC