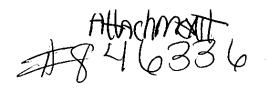
## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 27, 2001 8:00 am **DOCUMENT #846336** Secretary of State 1. Entity Name FIRST PENN-PACIFIC LIFE INSURANCE COMPANY 03-27-2001 90032 021 \*\*\*150.00 Principal Place of Business Mailing Address 1801 S. MEYERS RD. 1801 S. MEYERS RD. OAKBROOK TERRACE IL 60181-5216 OAKBROOK TERRACE IL 60181-5216 2. Principal Place of Business 3. Mailing Address <u>10 N. Martingale Road</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-2044248 Schaumburg ΙL Not Applicable Zip Country Country \$8.75 Additional 60173 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Florida State Insurance Commissioner FLORIDA STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) The Capitol Building, Level THE CAPITOL BUILDING TALLAHASSEE FL 32314 Zin Code 32399-0300 Tallahassee 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE XX Delete TITLE P ☐ Change 😾 Addition NAME BAKER, ROLAND C NAME John Hale Gotta STREET ADDRESS STREET ADDRESS 1801 S MEYERS RD 350 Church Street CITY-ST-ZIP CITY-ST-ZIP **OAKBROOK TERRACE IL 60181** Hartford, CT-06103-1106 xX Change ☐ Delete TITLE ☐ Addition TITLE NAME ROGERS, STEVEN W NAME Rogers, Steven Walter STREET ADORESS STREET ADDRESS 1801 S. MEYERS RD. 10 N. Martingale Road CITY-ST-ZIP CITY-ST-ZIP OAKBROOK TERRACE IL 60181 Schaumburg, IL 60173 \_\_\_ Addition TITLE Delete KLEIN, RICHARD CHARLES NAME NAME Klein, Richard Charles STREET ADDRESS STREET ADDRESS 1801 S. MEYERS RD. 10 N. Martingale Road CITY-ST-7IP CITY-ST-7IP OAKBROOK TERRACE IL Schaumburg, IL 60173 **X**X hange ☐ Addition ☐ Delete TITLE TITLE DUMOND, MARCIA LOUISE NAME NAME DuMond, Marcia Louise STREET ADDRESS STREET ADDRESS 1801 S. MEYERS RD. 10 N. Martingale Road CITY-ST-7IP CITY-ST-ZIP OAKBROOK TERRACE IL 60181 Schaumburg, IL 60173 K K hange Addition ☐ Delete TITLE D Stephenson, Todd R. NAME STEPHENSON, TODD R NAME STREET ADDRESS STREET ADDRESS 1300 South Clinton Street 1300 S CLINTON ST CITY-ST-ZIP CITY-ST-ZIP Fort Wayne, IN 46802 FORT WAYNE IN ☐ Change ※※ Addition TITLE ☐ Defete TITLE Begin, Peter Francis NAME NAME STREET ADDRESS STREET ADDRESS 350 Church Street CITY-ST-ZIP CITY-ST-ZIP Hartford, CT 06103-1106

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 AND TYPED OR PRINTE NAME OF SIGNING OFFICER OR DIRECTOR 3/22/91 847-466-8543 Date Daytime Phone #



## # 12 Additions

D Walker, Michael 10 N. Martingale Road Schaumburg, IL 60173

D Rowland, Laurence Thomas 1300 South Clinton Fort Wayne, IN 46802 5/8527