

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90032 021 ***150.00

DOCUMENT # 846336

1. Entity Name

FIRST PENN-PACIFIC LIFE INSURANCE COMPANY

Principal Place of Business

1801 S. MEYERS RD.
OAKBROOK TERRACE IL 60181-5216

Mailing Address

1801 S. MEYERS RD.
OAKBROOK TERRACE IL 60181-5216

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10 N. Martingale Road

Suite, Apt. #, etc.

City & State
Schaumburg, IL

Zip
60173

Country
USA

4. FEI Number 23-2044248

Applied For
Not Applicable

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 32314

Name
~~Florida State Insurance Commissioner~~

Street Address (P.O. Box Number is Not Acceptable)
The Capitol Building, Level II

City Tallahassee FL Zip Code 32399-0300

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, ROLAND C 1801 S MEYERS RD OAKBROOK TERRACE IL 60181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, STEVEN W 1801 S. MEYERS RD. OAKBROOK TERRACE IL 60181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLEIN, RICHARD CHARLES 1801 S. MEYERS RD. OAKBROOK TERRACE IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DUMOND, MARCIA LOUISE 1801 S. MEYERS RD. OAKBROOK TERRACE IL 60181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, TODD R 1300 S CLINTON ST FORT WAYNE IN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Hale Gotta 350 Church Street Hartford, CT 06103-1106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rogers, Steven Walter 10 N. Martingale Road Schaumburg, IL 60173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Klein, Richard Charles 10 N. Martingale Road Schaumburg, IL 60173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DuMond, Marcia Louise 10 N. Martingale Road Schaumburg, IL 60173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephenson, Todd R. 1300 South Clinton Street Fort Wayne, IN 46802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Begin, Peter Francis 350 Church Street Hartford, CT 06103-1106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
~~#8~~ 46336

12 Additions

D

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

5/8/29

D

Rowland, Laurence Thomas
1300 South Clinton
Fort Wayne, IN 46802