

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90690 017 ***150.00

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DOCUMENT # 846388
1. Entity Name
REPUBLIC-VANGUARD LIFE INSURANCE COMPANY



Principal Place of Business
**15305 DALLAS PKWY
700
ADDISON TX 75001**

Mailing Address
**15305 DALLAS PKWY
700
ADDISON TX 75001**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 75-1222043		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
INSURANCE COMMISSIONER OF FLORIDA STATE CAPITOL BUILDING TALLAHASSEE FL 32304				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORCOS, YVES L			NAME			
STREET ADDRESS	15305 DALLAS PKWY #700			STREET ADDRESS			
CITY-ST-ZIP	ADDISON TX 75001			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CABRERA, MARC			NAME			
STREET ADDRESS	15305 DALLAS PKWY #700			STREET ADDRESS			
CITY-ST-ZIP	ADDISON TX 75001			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERNE, MAXINE			NAME			
STREET ADDRESS	102 ASH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	GREAT NECK NY 11021			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIBBS, JAMES			NAME			
STREET ADDRESS	1530515305 DALLAS PKWY #700			STREET ADDRESS			
CITY-ST-ZIP	ADDISON TX 75001			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRILL, JOHN			NAME			
STREET ADDRESS	2013 WING POINT LANE			STREET ADDRESS			
CITY-ST-ZIP	PLANO TX			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, HIRAM			NAME			
STREET ADDRESS	15305 DALLAS PKWY #700			STREET ADDRESS			
CITY-ST-ZIP	ADDISON TX 75001			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gr. V.P.

Date

Daytime Phone #

972-560-9500

CR2E034 (10/02)