

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:23

DOCUMENT # 848644 (1)

1. Corporation Name

WABASH LIFE INSURANCE COMPANY

Principal Place of Business

7887 E BELLEVIEW AVE
ENGLEWOOD CO 80111

Mailing Address

7887 E BELLEVIEW AVE
ENGLEWOOD CO 80111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/26/1981

3a. Date of Last Report
02/09/1994

4. FEI Number
35-1507347

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMMISSIONER OF INSURANCE
STATE TREASURER'S OFFICE
STATE CAPITOL PLAZA LEVEL 11
TALLAHASSEE FL 32399

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
GARDINER, JOHN W
7887 EAST BELLEVIEW AVE
ENGLEWOOD CO

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
CEOP & COO, DIRECTOR
GARDINER, JOHN

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVSD
L'ESPERANCE, ROBERT P
7887 E. BELLEVIEW AVE.
ENGLEWOOD CO

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVD
KERBER, JAMES R
7887 E. BELLEVIEW AVE.
ENGLEWOOD CO

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
EXEC. V.P.
PAZ, GEORGE
7887 E. BELLEVIEW AVE
ENGLEWOOD CO 80111

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CARMODY, PAUL
7887 E. BELLEVIEW AVE.
ENGLEWOOD, CO 80000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
SR. V.P.
CARMODY, PAUL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
LUZIETTI, KENNETH G
7887 E BELLEVIEW AVE
ENGLEWOOD CO

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
EXEC. V.P. & ASST. TREASURER, D
LUZIETTI, KENNETH G.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAKER, LEE G
7887 E BELLEVIEW AVE
ENGLEWOOD CO.

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
PD
PALMQUIST GREGORY J.
7887 E BELLEVIEW AVE
ENGLEWOOD, CO 80111

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed), or as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-95