

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90196 050 ***150.00

DOCUMENT # 851720

1. Entity Name

CAMBRIDGE LIFE INSURANCE COMPANY

Principal Place of Business

**23092 MILL CREEK ROAD
LAGUNA HILLS CA 92653**

Mailing Address

**P.O. BOX 31000
LAGUNA HILLS CA 92654-1000**

2. Principal Place of Business

27725 Santa Margarita Pkwy

3. Mailing Address

Suite, Apt. #, etc.
Suite 220

Suite, Apt. #, etc.

City & State

Mission Viejo, CA

City & State

4. FEI Number

75-1431313

Applied For

Not Applicable

92691Country **USA**

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

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, 2000 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

TITLE **C** ☐ Delete
NAME **SMITH, JAMES C**
STREET ADDRESS **23092 MILL CREEK ROAD**
CITY-ST-ZIP **LAGUNA HILLS CA**TITLE **PD** ☐ Delete
NAME **VON GREMP, THOMAS W**
STREET ADDRESS **23092 MILL CREEK ROAD**
CITY-ST-ZIP **LAGUNA HILLS CA**TITLE **VTD** ☐ Delete
NAME **WHITTERS, JOSEPH E**
STREET ADDRESS **23092 MILL CREEK ROAD**
CITY-ST-ZIP **LAGUNA HILLS CA**TITLE **VD** ☐ Delete
NAME **KURCZ, JOTTIE A**
STREET ADDRESS **23092 MILL CREEK ROAD**
CITY-ST-ZIP **LAGUNA HILLS CA**TITLE **VSD** ☐ Delete
NAME **WRISTEN, EDWARD L**
STREET ADDRESS **23092 MILL CREEK RD**
CITY-ST-ZIP **LAGUNA HILLS CA**TITLE **V** ☐ Delete
NAME **HANNABACH, JANE**
STREET ADDRESS **23092 MILL CREEK RD**
CITY-ST-ZIP **LAGUNA HILLS CA 92653**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Director** ☒ Change ☐ Addition
NAME **Thomas von Grempe**
STREET ADDRESS **27725 Santa Margarita Pkwy #220**
CITY-ST-ZIP **Mission Viejo, CA 92691**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **President** ☒ Change ☐ Addition
NAME **Jane Hannabach**
STREET ADDRESS **27725 Santa Margarita Pkwy #220**
CITY-ST-ZIP **Mission Viejo, CA 92691**

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: *Jane Hannabach*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(949) 380-0233

Daytime Phone #

CR2E034 (9/99)