

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851720

1. Entity Name

CAMBRIDGE LIFE INSURANCE COMPANY

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90292 007 ***150.00

Principal Place of Business

27725 SANTA MARGARITA PKWY
STE 220
MISSION VIEJO CA 92691
US

Mailing Address

P.O. BOX 21000 same as place of
LAGUNA HILLS CA 92654 business

00001010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

27725 Santa Margarita Pky.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #220

City & State

City & State

Mission Viejo, CA

4. FEI Number 75-1431313

Applied For

Not Applicable

Zip

Country

Zip

Country

92691

USA

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 32301

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, 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	C	<input type="checkbox"/> Delete
NAME	SMITH, JAMES C	
STREET ADDRESS	23092 MILL CREEK ROAD	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	VON GREMP, THOMAS	
STREET ADDRESS	27725 SANTA MARGARITA PKWY #220	
CITY-ST-ZIP	MISSION VIEJO CA 92691	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WHITTERS, JOSEPH E	
STREET ADDRESS	23092 MILL CREEK ROAD	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KURCZ, JOTTIE A	
STREET ADDRESS	23092 MILL CREEK ROAD	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WRISTEN, EDWARD L	
STREET ADDRESS	23092 MILL CREEK RD	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANNABACH, JANE	
STREET ADDRESS	27725 SANTA MARGARITA PKWY #220	
CITY-ST-ZIP	MISSION VIEJO CA 92691	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	27725 Santa Margarita Pky., #220
CITY-ST-ZIP	Mission Viejo, CA 92691
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	27725 Santa Margarita Pky., #220
CITY-ST-ZIP	Mission Viejo, CA 92691
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	27725 Santa Margarita Pky., #220
CITY-ST-ZIP	Mission Viejo, CA 92691
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Jane Hannabach-President 4/1/2001 (949)380-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)