

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**  
 05-17-2002 90011 042 \*\*\*150.00

001599Z AI

**DOCUMENT # 851720**  
 1. Entity Name  
**CAMBRIDGE LIFE INSURANCE COMPANY**

Principal Place of Business <b>27725 SANTA MARGARITA PKWY                  STE 220                  MISSION VIEJO CA 92691                  US</b>	Mailing Address <b>27725 SANTA MARGARITA PKWY                  STE 220                  MISSION VIEJO CA 92691                  US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>75-1431313</b>		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**

**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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C SMITH, JAMES C 27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO CA 92691</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director DILLS, PATRICK GEARY 27725 Santa Margarita Pky., #220 Mission Viejo, CA 92691</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VON GREMP, THOMAS 27725 SANTA MARGARITA PKWY #220 MISSION VIEJO CA 92691</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director FLEMING, SUSAN MARIE 27725 Santa Margarita Pky #220 Mission Viejo, CA 92691</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD WHITTERS, JOSEPH E 27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO CA 92691</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director OBERLING, SUSAN ELAINE 27725 Santa Margarita Pky., #220 Mission Viejo, CA 92691</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KURCZ, JOTTIE A 27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO CA 92691</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director STUDENMUND, DAVID R. 27725 Santa Margarita Pky., #220 Mission Viejo, CA 92691</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD WRISTEN, EDWARD L 27725 SANTA MARGARITA PKWY STE 220 MISSION VIEJO CA 92691</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director DICKERSON, ALTON LEE 27725 Santa Margarita Pky., #220 Mission Viejo, CA 92691</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HANNABACH, JANE 27725 SANTA MARGARITA PKWY #220 MISSION VIEJO CA 92691</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 REQUIRED* Jane Hannabach 4/22/02 (949) 380-0233  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)