

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851744

1. Entity Name

UTICA NATIONAL LIFE INSURANCE COMPANY

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90063 019 ***550.00

Principal Place of Business

180 GENESEE STREET
NEW HARTFORD NY 13413

Mailing Address

180 GENESEE STREET
NEW HARTFORD NY 13413

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

16-1112757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
DOUGLAS, ROBINSON J
180 GENESEE DT
NEW HARTFORD NY 13413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARDIA, ROY A.
200 HUDSON STREET
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARDEN, DAVID E
3 FAIRWAY DR
MC CONNELLSVILLE NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CUNNINGHAM, DAVID
180 GENESEE ST
NEW HARTFORD NY 13413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WARDLEY, GEORGE P.
180 GENESEE ST.
NEW HARTFORD NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALLIGARIS, ALFRED E.
363 EASTERN BOULEVARD
WATERTOWN NY ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
ZAPISSEK, JOHN R.
180 GENESEE STREET
NEW HARTFORD, NY 13413 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

Date

315-734-2468

Daytime Phone #

CR2E034 (5/00)