

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90433 004 ***150.00

DOCUMENT # 852200

1. Entity Name

PARAGON LIFE INSURANCE COMPANY

Principal Place of Business

**100 S. BRENTWOOD
 ST. LOUIS MO 63105**

Mailing Address

**100 S. BRENTWOOD
 ST. LOUIS MO 63105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-1235869**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER FOR STATE OF FLORIDA
 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, 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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ANDERSON, CARL H	
STREET ADDRESS	100 SOUTH BRENTWOOD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	DUFFY, MATTHEW K	
STREET ADDRESS	100 SOUTH BRENTWOOD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCAULEY, MATTHEW P	
STREET ADDRESS	100 SOUTH BRENTWOOD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, EDWARD T	
STREET ADDRESS	100 SOUTH BRENTWOOD	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIDDY, RICHARD A.	
STREET ADDRESS	100 SOUTH BRENTWOOD	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	A	<input type="checkbox"/> Delete
NAME	NORDYKE, CRAIG K	
STREET ADDRESS	100 SOUTH BRENTWOOD	
CITY-ST-ZIP	ST LOUIS MO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRANI, Anthony F	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATRENTA, Nicholas D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMME, JOHN R	
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01

Date

314 862 2211

Daytime Phone #

CR2E034 (10/00)