

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854209

1. Entity Name

AMERIBEST LIFE INSURANCE COMPANY

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90018 029 \*\*\*550.00

Principal Place of Business

909 LOCUST ST  
DES MOINES IA 50309  
US

Mailing Address

909 LOCUST ST  
DES MOINES IA 50309  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2542311

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 30015

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. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO  
NAME ARMSTRONG, REGINALD ☒ Delete  
STREET ADDRESS 909 LOCUST ST  
CITY-ST-ZIP DES MOINES IA 50309

TITLE President / CEO  
NAME Barnett Chernow ☐ Change ☐ Addition  
STREET ADDRESS 909 Locust Street  
CITY-ST-ZIP Des Moines, Ia 50309

TITLE SVPD  
NAME MUMFORD, JAMES R ☐ Delete  
STREET ADDRESS 909 LOCUST ST  
CITY-ST-ZIP DES MOINES IA 50309

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

TITLE CAO  
NAME WILDEN, MICHELLEN A ☒ Delete  
STREET ADDRESS 909 LOCUST ST  
CITY-ST-ZIP DES MOINES IA 50309

TITLE Chief Accounting Officer  
NAME Cheryl L. Harding ☐ Change ☐ Addition  
STREET ADDRESS 909 Locust Street  
CITY-ST-ZIP Des Moines, Ia 50309

TITLE VPCA  
NAME LAURENS, DOUGLAS J ☐ Delete  
STREET ADDRESS 909 LOCUST ST  
CITY-ST-ZIP DES MOINES IA 50309

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

TITLE D  
NAME WELP, CHRISTOPHER R ☐ Delete  
STREET ADDRESS 909 LOCUST ST  
CITY-ST-ZIP DES MOINES IA 50309

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

TITLE D  
NAME MAY, THOMAS L ☐ Delete  
STREET ADDRESS 909 LOCUST ST  
CITY-ST-ZIP DES MOINES IA 50309

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1E034 (5/00)