

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 854209**

1. Entity Name

AMERIBEST LIFE INSURANCE COMPANY**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90104 013 ***150.00

Principal Place of Business

Mailing Address

**909 LOCUST ST
DES MOINES IA 50309
US****909 LOCUST ST
DES MOINES IA 50309
US****00030488**

DO NOT WRITE IN THIS SPACE

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
ARMSTRONG, REGINALD
909 LOCUST ST
DES MOINES IA 50309** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Barnett Chernow** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPD
MUMFORD, JAMES K
909 LOCUST ST
DES MOINES IA 50309** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CAO
WILDEN, MICHELLEN A
909 LOCUST ST
DES MOINES IA 50309** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCA
LAURENS, DOUGLAS J
909 LOCUST ST
DES MOINES IA 50309** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WELP, CHRISTOPHER R
909 LOCUST ST
DES MOINES IA 50309** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAY, THOMAS L
909 LOCUST ST
DES MOINES IA 50309** ☐ DeleteTITLE
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 #

CR2E034 (10/00)