

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90077 036 \*\*\*150.00

**DOCUMENT # 855461**

1. Entity Name  
**LIFE OF MARYLAND, INC.**

Principal Place of Business  
**10075 RED RUN BOULEVARD  
 OWINGS MILLS MD 21117**

Mailing Address  
**10075 RED RUN BOULEVARD  
 OWINGS MILLS MD 21117**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1220516**

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**

**THE INSURANCE COMMISSIONER  
 THE CAPITAL BLDG  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FREEDLANDER, BARRETT W</b>	
STREET ADDRESS	<b>10075 RED RUN BLVD</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>BLAIR, JOSEPH E JR.</b>	
STREET ADDRESS	<b>10075 RED RUN BOULEVARD</b>	
CITY-ST-ZIP	<b>OWINGS MILL MD</b>	
TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>PEARSON, LINWOOD JOHN</b>	
STREET ADDRESS	<b>2106 TUFTON RIDGE ROAD</b>	
CITY-ST-ZIP	<b>RESISTERSTOWN MD</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SACHS, DAVID S.</b>	
STREET ADDRESS	<b>10075 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILL MD</b>	
TITLE	<b>SVCF</b>	<input type="checkbox"/> Delete
NAME	<b>MARSHALL, JEFFREY H</b>	
STREET ADDRESS	<b>10075 RED RUN BOULEVARD</b>	
CITY-ST-ZIP	<b>OWINGS MILL MD</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAIGER, WILLIAM H</b>	
STREET ADDRESS	<b>10075 RED RUN BLVD</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	

TITLE		<input 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	<b>10075 Red Run Boulevard</b>	
CITY-ST-ZIP	<b>Owings Mills Maryland</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Daiger, William H Jr.</b>	
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: John Pearson **John Pearson** (410)581-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)