

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90051 019 \*\*\*150.00

**DOCUMENT # 855461**  
 1. Entity Name  
**LIFE OF MARYLAND, INC.**

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



DO NOT WRITE IN THIS SPACE

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 **52-1220516**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**THE INSURANCE COMMISSIONER**  
**THE CAPITAL BLDG**  
**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 \_\_\_\_\_ 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 requirements and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<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>10075 RED RUN BOULEVARD</b>	
CITY-ST-ZIP	<b>OWINGS MILLS 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 checked="" 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 JR</b>	
STREET ADDRESS	<b>10075 RED RUN BLVD</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
CITY-ST-ZIP		
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		
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: *David Stanley Sachs*      **David Stanley Sachs**      2/15/02      410-581-6640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)