

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856605

1. Entity Name

CONCORD LIFE INSURANCE COMPANY

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90041 032 ***150.00

Principal Place of Business

Mailing Address

3003 E 98TH ST
SUITE 107
INDIANAPOLIS IN 46280
US

3003 E 98TH ST
SUITE E107
INDIANAPOLIS IN 46280-1973
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-0223608

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

STINSON, LOUIS, JR., ESQ.
4675 PONCE DE LEON, STE 305
CORAL GABLES FL 33146

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, 2000 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 PD
NAME ROYAL, CHARLES R.
STREET ADDRESS 3115 SOUTH HWY. 37
CITY-ST-ZIP BLOOMINGTON IN ☐ Delete

TITLE VD
NAME O'BRIEN, J. THOMAS
STREET ADDRESS 5102 N. KEYSTONE AVENUE
CITY-ST-ZIP INDIANAPOLIS IN 46205 ☐ Delete

TITLE STD
NAME GATES, VAN
STREET ADDRESS 401 SOUTH LAFAYETTE BLVD
CITY-ST-ZIP S. BEND IN ☐ Delete

TITLE VD
NAME BENNETT, THOMAS
STREET ADDRESS HWY. 61 & COUNTY RD.E.
CITY-ST-ZIP WHITE BEAR LAKE MN ☐ Delete

TITLE VD
NAME DEFOUW, WILLIAM
STREET ADDRESS 2101 S 6TH ST
CITY-ST-ZIP LAFAYETTE IN 47905 ☐ Delete

TITLE VD
NAME WOOD, THOMAS I.
STREET ADDRESS 7550 EAST WASHINGTON
CITY-ST-ZIP INDIANAPOLIS IN ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1/12/2000
Date

(317) 574-1390
Daytime Phone #

CR2E034 (9/99)