

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856605

1. Entity Name

CONCORD LIFE INSURANCE COMPANY

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90360 016 ***150.00

Principal Place of Business

3003 E 98TH ST
SUITE 107
INDIANAPOLIS IN 46280
US

Mailing Address

3003 E 98TH ST
SUITE 107
INDIANAPOLIS IN 46280
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

86-0223608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
PD	ROYAL, CHARLES R.	3115 SOUTH HWY. 97	BLOOMINGTON IN	<input type="checkbox"/>
VD	O'BRIEN, J. THOMAS	5102 N. KEYSTONE AVENUE	INDIANAPOLIS IN 46205	<input type="checkbox"/>
STD	GATES, VAN	401 SOUTH LAFAYETTE BLVD	S. BEND IN	<input type="checkbox"/>
VD	BENNETT, THOMAS	HWY. 61 & COUNTY RD.E.	WHITE BEAR LAKE MN	<input type="checkbox"/>
VD	DEFOUW, WILLIAM	2101 S 8TH ST	LAFAYETTE IN 47905	<input checked="" type="checkbox"/>
VD	WOOD, THOMAS I.	7550 EAST WASHINGTON	INDIANAPOLIS IN	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1-15-01 317/574-1370

Date

Daytime Phone #

CR2E034 (10/00)