

2001 UNIFORM BUSINESS REPORT (UBR)

57

FILED
May 29, 2001 8:00 am
Secretary of State

05-02-2001 90142 049 ***150.00

DOCUMENT # F00000001212

1. Entity Name

INSURANCE INVESTORS LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

**1300 W. MOCKINGBIRD LANE
DALLAS TX 75247**

**1300 W. MOCKINGBIRD LANE
DALLAS TX 75247**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEEL Number

15-1440016

Applied For

Not Applicable

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

**FLORIDA INSURANCE COMMISSIONER
200 GAINES STREET
TALLAHASSEE FL 32399-0300**

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	C	<input type="checkbox"/> Delete
NAME	MALLON, JAMES A	
STREET ADDRESS	1 NATIONAL LIFE DRIVE	
CITY - ST - ZIP	MONTPELIER VT 05604	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCK, RODNEY A	
STREET ADDRESS	1 NATIONAL LIFE DRIVE	
CITY - ST - ZIP	MONTPELIER VT 05604	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROB, JOSEPH	
STREET ADDRESS	1 NATIONAL LIFE DRIVE	
CITY - ST - ZIP	MONTPELIER VT 05604	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM A	
STREET ADDRESS	1 NATIONAL LIFE DRIVE	
CITY - ST - ZIP	MONTPELIER VT 05604	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYO, WADE H	
STREET ADDRESS	1300 W. MOCKINGBIRD LANE	
CITY - ST - ZIP	DALLAS TX 75247	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUTZ, CARL J	
STREET ADDRESS	1300 W. MOCKINGBIRD LANE	
CITY - ST - ZIP	DALLAS TX 75247	

TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, William A.	
STREET ADDRESS	1 National Life Drive	
CITY - ST - ZIP	Montpelier, VT 05604	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benton, Jacquie	
STREET ADDRESS	1300 W. Mockingbird Lane	
CITY - ST - ZIP	Dallas, TX 75247	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, Jr., John H.	
STREET ADDRESS	1300 W. Mockingbird Lane	
CITY - ST - ZIP	Dallas, TX 75247	
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 807, 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:

Jacquie Benton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

Daytime Phone

CR2004 (10/00)