

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90867 046 ***150.00

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1. Entity Name

UNITED STATES BRANCH OF CLARICA LIFE INSURANCE COMPANY



Principal Place of Business

**13890 BISHOP'S DRIVE, SUITE 300
PO BOX 503
BROOKFIELD WI 53008-0503**

Mailing Address

**13890 BISHOP'S DRIVE, SUITE 300
PO BOX 503
BROOKFIELD WI 53008-0503**

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

98-6000218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ASTLEY, ROBERT M	
STREET ADDRESS	227 KING STREET S., WATERLOO	
CITY-ST-ZIP	ONTARIO CANADA N2J 4C5	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, DOUGLAS W	
STREET ADDRESS	227 KING STREET S., WATERLOO	
CITY-ST-ZIP	ONTARIO CANADA N2J 4C5	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, J. DAVID	
STREET ADDRESS	227 KING STREET S., WATERLOO	
CITY-ST-ZIP	ONTARIO CANADA N2J 4C5	
TITLE	VGC	<input checked="" type="checkbox"/> Delete
NAME	DUNCAN, MARY ELIZABETH	
STREET ADDRESS	227 KING STREET S., WATERLOO	
CITY-ST-ZIP	ONTARIO CANADA N2J 4C5	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAINT-ONGE, HUBERT	
STREET ADDRESS	227 KING STREET S., WATERLOO	
CITY-ST-ZIP	ONTARIO CANADA N2J 4C5	
TITLE	VCIO	<input type="checkbox"/> Delete
NAME	STRAMAGLIA, MICHAEL P	
STREET ADDRESS	227 KING STREET S., WATERLOO	
CITY-ST-ZIP	ONTARIO CANADA N2J 4C5	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VROLYK, ROBERT P.	
STREET ADDRESS	227 King Street S., Waterloo	
CITY-ST-ZIP	ONTARIO CANADA N2J 4C5	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERKSEN, PAUL W.	
STREET ADDRESS	227 KING STREET S., WATERLOO	
CITY-ST-ZIP	ONTARIO CANADA	
TITLE	VGC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JOAN M.	
STREET ADDRESS	227 KING STREET S., WATERLOO	
CITY-ST-ZIP	ONTARIO CANADA	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Smith - U.S. Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 15, 2003

CR2E034 (10/02)