

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90098 048 ***150.00

DOCUMENT # F01000004725

1. Entity Name

UNIFIED LIFE INSURANCE COMPANY



Principal Place of Business
7201 W. 129TH STREET, SUITE 300
OVERLAND PARK KS 66225-5326

Mailing Address
7201 W. 129TH STREET, SUITE 300
OVERLAND PARK KS 66225-5326

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 **43-1917728**

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

**INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **NEIDIG, FRANK M**
STREET ADDRESS **7201 W. 129TH STREET, SUITE 300**
CITY-ST-ZIP **OVERLAND PARK KS 66225-5326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **WILTSE, ANDREU L JR.**
STREET ADDRESS **7201 W. 129TH STREET, SUITE 300**
CITY-ST-ZIP **OVERLAND PARK KS 66225-5326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **RIXEY, MARY M**
STREET ADDRESS **7201 W. 129TH STREET, SUITE 300**
CITY-ST-ZIP **OVERLAND PARK KS 66225-5326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BUCHANAN, TIMOTHY J**
STREET ADDRESS **7201 W. 129TH STREET, SUITE 300**
CITY-ST-ZIP **OVERLAND PARK KS 66225-5326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BUCHANAN, WILLIAM M**
STREET ADDRESS **7201 W. 129TH STREET, SUITE 300**
CITY-ST-ZIP **OVERLAND PARK KS 66225-5326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BARKER, GUY V**
STREET ADDRESS **12900 METCALF, SUITE 200**
CITY-ST-ZIP **OVERLAND PARK KS 66213**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1001 FLEET ST., 7TH FLOOR**
CITY-ST-ZIP **BALTIMORE, MD 21202**

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:

MARY M. RIXEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY M. RIXEY

2/10/03

9136852233

Date Daytime Phone #

CR2E034 (10/02)