

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000298

1. Entity Name

UNION STANDARD OF AMERICA LIFE INSURANCE COMPANY

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90004 036 ***150.00

Principal Place of Business

Mailing Address

111 MASSACHUSETTS AVE., N.W.
WASHINGTON DC 20001

111 MASSACHUSETTS AVE., N.W.
WASHINGTON DC 20001-1461

A0012765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1475832**

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

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

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 DC
NAME GEORGINE, ROBERT A
STREET ADDRESS 111 MASSACHUSETTS AVE., N.W.
CITY-ST-ZIP WASHINGTON DC ☐ Delete

TITLE ASVP
NAME Adam Fried
STREET ADDRESS 111 Massachusetts Ave, NW
CITY-ST-ZIP Washington, DC 20001 ☐ Change ☒ Addition

TITLE D
NAME BARRY, JOHN J
STREET ADDRESS 111 MASSACHUSETTS AVE., N.W.
CITY-ST-ZIP WASHINGTON DC 20001 ☐ Delete

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

TITLE D
NAME MCNULTY, JAMES FRANCIS M
STREET ADDRESS 111 MASSACHUSETTS AVE., N.W.
CITY-ST-ZIP WASHINGTON DC 20001 ☐ Delete

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

TITLE VP
NAME APRILL, JOHN R
STREET ADDRESS 111 MASSACHUSETTS AVE., N.W.
CITY-ST-ZIP WASHINGTON DC 20001 ☐ Delete

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

TITLE ASV
NAME CARABILLO, JOSEPH A
STREET ADDRESS 111 MASSACHUSETTS AVE., N.W.
CITY-ST-ZIP WASHINGTON DC ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Adam Fried
ASVP, Tax Director

Date

Daytime Phone #

(202) 682-0900

CR2E034 (9/99)