

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000298

1. Entity Name

UNION STANDARD OF AMERICA LIFE INSURANCE COMPANY

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90312 003 ***150.00

Principal Place of Business

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

Mailing Address

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

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 **52-1475832**

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
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, 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	DC	<input type="checkbox"/> Delete
NAME	GEORGINE, ROBERT A	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRY, JOHN J	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20001	
TITLE	D	<input type="checkbox"/> Delete
NAME	M McNULTY, JAMES FRANCIS M	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20001	
TITLE	VP	<input type="checkbox"/> Delete
NAME	APRILL, JOHN R	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20001	
TITLE	ASV	<input type="checkbox"/> Delete
NAME	CARABILLO, JOSEPH A	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	ASVP	<input type="checkbox"/> Delete
NAME	FRIED, ADAM	
STREET ADDRESS	111 MASSACHUSETTS AVE, NW	
CITY-ST-ZIP	WASHINGTON DC 20001	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRELE, JOHN K.	
STREET ADDRESS	111 MASSACHUSETTS AVENUE, SW	
CITY-ST-ZIP	WASHINGTON, DC 20001	
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		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" 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 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

ADAM FRIED, ASST. VICE PRESIDENT 4/11/2001

Date

Daytime Phone #

202-682-0900

CR2E034 (10/00)