

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90033 047 ***150.00

UNIFORM A1

DOCUMENT # F930000000096

1. Entity Name

USLIFE INDEMNITY COMPANY

Principal Place of Business

**ONE WOODFIELD LAKE
 SCHAUMBURG IL 60173**

Mailing Address

**ONE WOODFIELD LAKE
 SCHAUMBURG IL 60173**

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

93-0928517

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
 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, 2002 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 **S** ☐ Delete
 NAME **COHN, PAULETTA P**
 STREET ADDRESS **2929 ALLEN PKWY**
 CITY-ST-ZIP **HOUSTON TX 77019**

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

TITLE **DCEO** ☐ Delete
 NAME **KEELER, WILLIAM M**
 STREET ADDRESS **3600 RTE 66**
 CITY-ST-ZIP **NEPTUNE NJ 07754-1580**

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

TITLE **VP** ☐ Delete
 NAME **THOME, ALFRED N**
 STREET ADDRESS **3600 RTE 66**
 CITY-ST-ZIP **NEPTUNE NJ 07754-1580**

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

TITLE **DV** ☐ Delete
 NAME **KEFFER, WILLIAM H**
 STREET ADDRESS **1000 WOODFIELD RD**
 CITY-ST-ZIP **SCHAUMBURG IL 60173-4793**

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

TITLE **DV** ☐ Delete
 NAME **STANKO, RICHARD E**
 STREET ADDRESS **ONE WOODFIELD LAKE**
 CITY-ST-ZIP **SCHAUMBURG IL**

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

TITLE **DV** ☐ Delete
 NAME **GASS, REED C**
 STREET ADDRESS **1000 WOODFIELD RD**
 CITY-ST-ZIP **SCHAUMBURG IL 60173-4793**

TITLE ☐ Change ☐ 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:

Richard E Stanko
SIGNATURE REQUIRED

Richard E Stanko - Sr. VP & CFO 3/6/02 (847) 517-6000

Date

Daytime Phone #

CR2E034 (9/01)

Attachment + Doc#

#93000000096
BDD

Additions to 12.

Title: D

Name: Votava, Scott A.

Street Address: One Woodfield Lake

City-St-Zip Schaumburg, IL 60173-4793