

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001844

1. Entity Name

AMERICAN FIDELITY & LIBERTY INSURANCE COMPANY

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90004 039 ***150.00

Principal Place of Business

Mailing Address

1800 STREET ROAD
~~525 HIGHLANDS BOULEVARD~~
WARRINGTON PA 18976
US

P.O. BOX 368
WARRINGTON PA 18976-0368
US

2. Principal Place of Business
1800 Street Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Warrington, PA

City & State

4. FEI Number
23-2401229

Applied For
Not Applicable

Zip
18976

Country
US

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
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ABEL, ALOYSIUS J II 1800 STREET ROAD WARRINGTON PA 18976	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHRATZ, MICHAEL 1800 STREET ROAD WARRINGTON PA 18976	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNEDY, RICHARD D 1800 STREET ROAD WARRINGTON PA 18976	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, RICHARD R. 800 AIRPORT AVENUE DOYLESTOWN PA 18901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBOD, RAMON R 2000 MARKET STREEN TENTH FLOOR PHILA PA 19103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELTY, RONALD L. 113 SO. MARKET STREET PO BOX 151 ELIZABETHTOWN PA 17022	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Abel, Aloysius J. III
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blecharczyk, Ted M.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Doylestown
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Smith, Charles Q. 1627 Alexander Avenue Chambersburg, PA 17201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted M. Blecharczyk

1/7/00

Date

215-918-0515

Daytime Phone #

CR2E034 (9/99)