

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90024 045 ***150.00

0575893

DOCUMENT # F94000001844

1. Entity Name

AMERICAN FIDELITY & LIBERTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

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

**P.O. BOX 368
WARRINGTON PA 18976
US**

606455



DO NOT WRITE IN THIS SPACE

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, 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 **PD** ☐ Delete
NAME **ABEL, ALOYSIUS J III**
STREET ADDRESS **1800 STREET ROAD**
CITY-ST-ZIP **WARRINGTON PA 18976**

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

TITLE **VS** ☐ Delete
NAME **SCHRATZ, MICHAEL**
STREET ADDRESS **1800 STREET ROAD**
CITY-ST-ZIP **WARRINGTON PA 18976**

TITLE **D/V/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BLECHARCZYK, TED M**
STREET ADDRESS **1800 STREET ROAD**
CITY-ST-ZIP **WARRINGTON PA 18976**

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

TITLE **D** ☒ Delete
NAME **CAVANAUGH, RICHARD R.**
STREET ADDRESS **800 AIRPORT AVENUE**
CITY-ST-ZIP **DOYLESTOWN PA 18901**

TITLE **D** ☐ Change ☒ Addition
NAME **Helle, Daniel G**
STREET ADDRESS **231 South LaSalle Street**
CITY-ST-ZIP **Chicago, IL 60697**

TITLE **D** ☒ Delete
NAME **CHARLES, SMITH Q**
STREET ADDRESS **1627 ALEXANDER AVE**
CITY-ST-ZIP **CHAMBERSBURG PA 17201**

TITLE **D** ☐ Change ☒ Addition
NAME **Miller, Michael J**
STREET ADDRESS **231 South LaSalle Street**
CITY-ST-ZIP **Chicago, IL 60697**

TITLE **D** ☒ Delete
NAME **FELTY, RONALD L.**
STREET ADDRESS **113 SO. MARKET STREET PO BOX 151**
CITY-ST-ZIP **ELIZABETHTOWN PA 17022**

TITLE **D** ☐ Change ☒ Addition
NAME **Yamada, Keith H**
STREET ADDRESS **231 South LaSalle Street**
CITY-ST-ZIP **Chicago, IL 60697**

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:

Ted M. Blecharczyk

1/5/01

(215) 918-0515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



American Fidelity & Liberty Insurance Company

AF & L Insurance Company in OK

January 4, 2001
1800 Street Road • Warrington, PA 18976 • (215) 918-0515 • (800) 659-9206 • FAX (215) 918-0565 • www.aflltc.com

Attachment
D# F94000001844
606455

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find the following information:

- 3) A check in the amount of \$150.00 for the Filing Fee due.
- 4) Completed 2001 Uniform Business Report (UBR)

In addition to the three Directors being deleted from the UBR Form, please also remove the following from your list:

Smith, Charles Q
1627 Alexander Avenue
Chambersburg, PA 17201

Massimillian, Richard D
211 Pondfield Road West
Bronxville, NY 10708

Radtke, Erich
107 Chalfont Road
Kennett Square, PA 19348

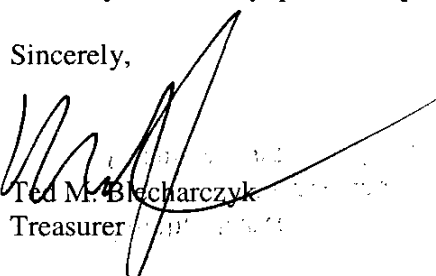
Wilson, Thomas
800 Sconnelltown Road
West Chester, PA 19382

In addition to the three Directors being added from the UBR Form, please add the following to your list:

Fitzgerald, John P
1700 Lincoln Street, Suite 4000
Denver, CO 80203

Should you have any questions, please feel free to contact me.

Sincerely,


Ted M. Blecharczyk
Treasurer

TMB:wmm

Enc