

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90063 027 ***150.00

DOCUMENT # F94000001844

1. Entity Name
AF&L INSURANCE COMPANY

Principal Place of Business

1800 STREET ROAD
WARRINGTON PA 18976
US

Mailing Address

P.O. BOX 368
WARRINGTON PA 18976
US

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

23-2401229

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

TITLE **DPO** ☒ 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 **DVSO** ☒ 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 **TO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HELLE, DANIEL G**
STREET ADDRESS **231 S LASALLE ST**
CITY-ST-ZIP **CHICAGO IL 60697**

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

TITLE **D** ☐ Delete
NAME **MILLER, MICHAEL J**
STREET ADDRESS **231 S LASALLE ST**
CITY-ST-ZIP **CHICAGO IL 60697**

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

TITLE **D** ☐ Delete
NAME **YAMADA, KEITH H**
STREET ADDRESS **231 SOUTH LASALLE ST**
CITY-ST-ZIP **CHICAGO IL 60697**

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:

SIGNATURE REQUIRED

Ted M. Blecharczyk, Treasurer & CFO 215-918-0515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



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18. *Chlorophyll a* and *Chlorophyll b* contents were determined by the method of Lichtenthaler and Sponholz (1980).