

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002671

1. Entity Name

UNIFIED LIFE INSURANCE COMPANY

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90073 042 ***150.00

Principal Place of Business

Mailing Address

7201 W 129TH ST
STE 300
OVERLAND PARK KS 66213
US

P.O. BOX 25326
OVERLAND PARK KS 66225-5326
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 76-0102023

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
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	PD	<input type="checkbox"/> Delete
NAME	NEIDIG, FRANK M	
STREET ADDRESS	11555 HEMLOCK ST.	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILTSE, ANDREU L	
STREET ADDRESS	5504 W. 129TH ST.	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RIXEY, MARY M	
STREET ADDRESS	3713 W. 120TH ST.	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, WILLIAM M	
STREET ADDRESS	15904 MEADOW LN.	
CITY-ST-ZIP	STANLEY KS	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	BUCHANAN, TIMOTHY J	
STREET ADDRESS	14016 SUMMERTREE LN.	
CITY-ST-ZIP	OLATHE KS	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	BUCHANAN, WILLIAM M. III	
STREET ADDRESS	8711 W 82ST ST	
CITY-ST-ZIP	OVERLAND PARK KS	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAIR S. MANSON	
STREET ADDRESS	7896 W. 154TH ST	
CITY-ST-ZIP	OVERLAND PARK, KS 66223	
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		<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		

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:

MARY M RIXEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

913-685-2233

Daytime Phone #

CR2E034 (9/99)