

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90018 032 ***150.00

DOCUMENT # F96000002814

1. Entity Name

ALTA HEALTH & LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

**ONE CENTENNIAL AVENUE
PISCATAWAY NJ 08855-1326**

**120 MONUMENT CIRCLE
M3NG
INDEANAPOLIS IN 46204
US**

2. Principal Place of Business

3. Mailing Address

8515 E. Orchard Road

Suite, Apt. #, etc.

Greenwood Village, CO

City & State

80111

4. FEI Number **59-1031071**

Applied For

Not Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, JAMES A ONE CENTENNIAL AVENUE PISCATAWAY NJ 08855-1326	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PLEASE SEE ATTACHED SHEET FOR A COMPLETE LIST OF OFFICERS AND DIRECTORS)	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard G. Schultz

Date

(303) 737-4649

Daytime Phone #

CR2E034 (10/00)

Attachment
916469
FO600000281A

ALTA HEALTH & LIFE INSURANCE COMPANY
DIRECTORS/OFFICERS
JANUARY 2001

DIRECTORS	
M.T.G. Graye	8515 East Orchard Road, Greenwood Village, CO 80111
W. T. McCallum	8515 East Orchard Road, Greenwood Village, CO 80111
J.D. Motz	8505 East Orchard Road, Greenwood Village, CO 80111
M. Rosenbaum	8505 East Orchard Road, Greenwood Village, CO 80111
OFFICERS	
J.D. Motz, Chairman, President and Chief Executive Officer	8505 East Orchard Road, Greenwood Village, CO 80111
M.T.G. Graye, Executive Vice President, Chief Financial Officer	8515 East Orchard Road, Greenwood Village, CO 80111
D.C. Lennox, Senior Vice President and Secretary	8525 East Orchard Road, Greenwood Village, CO 80111
G.R. Derback, Vice President and Treasurer	8515 East Orchard Road, Greenwood Village, CO 80111
J.L. McCallen, Vice President and Actuary	8515 East Orchard Road, Greenwood Village, CO 80111
R.G. Schultz, Vice President, Counsel and Assistant Secretary	8525 East Orchard Road, Greenwood Village, CO 80111