

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90135 002 ***150.00

DOCUMENT # F96000003888

1. Entity Name

COLOGNE LIFE UNDERWRITING MANAGEMENT COMPANY

Principal Place of Business

695 EAST MAIN ST

D3

STAMFORD CT 06904-0300

US

Mailing Address

PO BOX 300

STAMFORD CT 06904-0330

B0129949



DO NOT WRITE IN THIS SPACE

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

06-1364595

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

LACY, PATRICK C

11382 PROSPERITY FARMS RD #123

PALM BEACH GARDENS FL 33410

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **PERKINS, ANDREW F**
STREET ADDRESS **695 EAST MAIN STREET**
CITY-ST-ZIP **STAMFORD CT 06904-0300**

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

TITLE **S** ☐ Delete
NAME **ELGEE, MICHAEL**
STREET ADDRESS **695 EAST MAIN STREET**
CITY-ST-ZIP **STAMFORD CT 06904-0300**

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

TITLE **V** ☒ Delete
NAME **LANG, RICHARD**
STREET ADDRESS **695 EAST MAIN STREET**
CITY-ST-ZIP **STAMFORD CT 06904-0300**

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

TITLE **T** ☐ Delete
NAME **GUERTIN, MICHELE T**
STREET ADDRESS **695 EAST MAIN STREET**
CITY-ST-ZIP **STAMFORD CT 06901**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michele T. Guertin
SIGNATURE REQUIRED

Michele T. Guertin

7/11/02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

F960D0003888
B0129949
General Cologne Re.

CLUMCO
Cologne Life Underwriting Management Company
695 East Main Street
PO Box 300
Stamford, CT 06904-0300

July 11, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

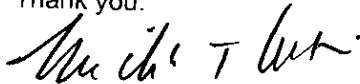
Re: Florida Uniform Business Report Re: Cologne Life Underwriting Management Company

Dear Sir or Madam:

Enclosed please find our completed 2002 Uniform Business Report for Cologne Life Underwriting Management Company. This report is the first report received by our company. The original report mailed earlier this year was not received, for we have no record of it in our office. We would like to request that you waive the late fee for this report. We are enclosing the original fee of \$150.00.

Please contact me at 203-352-3063 if you need any additional information or if you require additional assistance.

Thank you.



Michele T. Guertin
Treasurer

MTG:pc