

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90079 019 ***150.00

DOCUMENT # F96000006279

1. Entity Name
COMMONWEALTH DEALERS LIFE INSURANCE COMPANY

Principal Place of Business

**8001 W. BROAD ST
 RICHMOND VA 23294
 US**

Mailing Address

**8001 WEST BROAD ST
 RICHMOND VA 23294
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1438901

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

D

☐ Delete

NAME

BARKHOUSER, RICHARD

STREET ADDRESS

3804 RIVERSIDE DR

CITY-ST-ZIP

DANVILLE VA

TITLE

D

☐ Delete

NAME

SUDDITH, ROBERT

STREET ADDRESS

20920 GOSHEN RD

CITY-ST-ZIP

GAITHERSBURG MD 20879

TITLE

D

☐ Delete

NAME

DERRICK, HOMER E

STREET ADDRESS

512 E NELSON ST

CITY-ST-ZIP

LEXINGTON VA 24450

TITLE

D

☒ Delete

NAME

STROSNIDER, ERVIN

STREET ADDRESS

5200 OAKLAWN BLVD

CITY-ST-ZIP

HOPEWELL VA 23860

TITLE

P

☐ Delete

NAME

ALBERT, MARK

STREET ADDRESS

8001 W BROAD ST

CITY-ST-ZIP

RICHMOND VA 23294

TITLE

D

☐ Delete

NAME

KERN, RICHARD

STREET ADDRESS

2110 VALLEY AVENUE

CITY-ST-ZIP

WINCHESTER VA 22601

TITLE

Theresa Dicks

☐ Change

☒ Addition

NAME

Secretary Asst. Treasurer

STREET ADDRESS

8001 West Broad St.

CITY-ST-ZIP

Richmond, VA 23294

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

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: Theresa Dicks Theresa Dicks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 804-270-9494

Date

Daytime Phone #

CR2E034 (9/01)