

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006547

1. Entity Name

AUL LONG TERM CARE SOLUTIONS, INC.

Principal Place of Business

20 SECURITY DRIVE  
AVON CT 06001

Mailing Address

20 SECURITY DRIVE  
AVON CT 06001

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

06-1460792

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 ☐ Delete  
NAME PD  
STREET ADDRESS CORLUSS, GARY L  
CITY-ST-ZIP 90 AVON MEADOW LANE  
AVON CT

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS PRESCOTT, BARBARA A  
CITY-ST-ZIP 90 AVON MEADOW LANE  
AVON CT

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BAVELAS, DAVID  
CITY-ST-ZIP 90 AVON MEADOW LANE  
AVON CT 06001

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BARRY, RICHARD  
CITY-ST-ZIP 90 AVON MEADOW LANE  
AVON CT 06001

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

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS LINEBACK, CHARLES  
CITY-ST-ZIP ONE AMERICAN SQUARE  
INDIANAPOLIS IN 46282

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RAY, STEPHEN R  
CITY-ST-ZIP ONE AMERICAN SQUARE  
INDIANAPOLIS IN 46282

TITLE ☒ Change ☐ Addition  
NAME RADCLIFFE, RAY S  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID BAVELAS SECRETARY

Date

1/4/02 (860) 409-3310

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)