

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90005 019 ***150.00

DOCUMENT # F97000005878

1. Entity Name

FAMILY FINANCIAL LIFE INSURANCE COMPANY

Principal Place of Business

**2555 SEVERN AVE
METAIRIE LA 70002
US**

Mailing Address

**P.O. BOX 19685
NEW ORLEANS LA 70179-0685**

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 **72-0394135**

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, 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	D	<input type="checkbox"/> Delete
NAME	KEACH, JOHN K JR	
STREET ADDRESS	501 WASHINGTON STREET	
CITY-ST-ZIP	COLUMBUS IN 47201	
TITLE	P	<input type="checkbox"/> Delete
NAME	PANNO, JACK P	
STREET ADDRESS	2555 SEVERN AVENUE	
CITY-ST-ZIP	METAIRIE LA 70002	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUNN, ROBERTS R	
STREET ADDRESS	110 EAST CHARLES STREET	
CITY-ST-ZIP	MUNCIE IN 47305-2400	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAILEY, HARRY J	
STREET ADDRESS	2118 BUNDY AVENUE	
CITY-ST-ZIP	NEW CASTLE IN 47362	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALTON, JOHN M	
STREET ADDRESS	100 WEST THIRD ST	
CITY-ST-ZIP	MARION IN 46952-4033	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	KRAUS JR, FRANK C	
STREET ADDRESS	2555 SEVERN AVENUE	
CITY-ST-ZIP	METAIRIE LA 70002	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Murray J.	
STREET ADDRESS	101 S.E. 3rd Street	
CITY-ST-ZIP	Evansville, IN. 47706	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCollum, Richard H.	
STREET ADDRESS	2555 Severn Avenue	
CITY-ST-ZIP	Metairie, LA. 70002	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberts, R. Donn	
STREET ADDRESS	110 East Charles Street	
CITY-ST-ZIP	Muncie, IN. 47305	
TITLE	Asst.S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seibold, James L.	
STREET ADDRESS	2555 Severn Avenue	
CITY-ST-ZIP	Metairie, LA. 70002	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shay, Jr., Rodger D.	
STREET ADDRESS	1000 Brickell Avenue, Suite 700	
CITY-ST-ZIP	Miami, FL. 33131	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Unger, T. Tim	
STREET ADDRESS	1121 East Main Street	
CITY-ST-ZIP	Plainfield, IN. 46168	

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:

James L. Seibold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James L. Seibold, Asst. Sec.-Treasurer

February 9, 2001 (504) 456-0101

Date

Daytime Phone #

CR2E034 (10/00)