

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000006936**

1. Entity Name

MISSION LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business

**2121 SAGE RD
STE-220
HOUSTON TX 77056**

Mailing Address

**PO BOX 19900
HOUSTON TX 77224**

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

23-2683617

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 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	PCD	<input type="checkbox"/> Delete
NAME	EARTHMAN, MICHAEL R	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	<input type="checkbox"/> Delete
NAME	EARTHMAN, DONALD C	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input type="checkbox"/> Delete
NAME	HERRICK, BRIAN R	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	EARTHMAN, BETSY W	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BEISENHERZ, ROBERT L	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	EARTHMAN, JERRIE D	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90238 003 ***550.00

A0082998

DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)