FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90038 002 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020486

1. Entity Name
ATTORNEYS' LIFE INSURANCE, LLC

30059699

Principal Place of Business	Mailing Address
~~100 WEST CYPRESS CREEK~~ ROAD	~~100 WEST CYPRESS CREEK~~ ROAD
~~SUITE 900~~	~~SUITE 900~~
~~FT. LAUDERDALE, FL 33130~~	~~FT. LAUDERDALE, FL 33130~~

2. Principal Place of Business	3. Mailing Address
2101 Corporate Blvd.	2101 Corporate Blvd.
Suite, Apt. #, etc. Suite 107	Suite, Apt. #, etc. Suite 107
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431 Country USA	Zip 33431 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 45-0463988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPHER, RICHARD A
~~100 WEST CYPRESS~~ CREEK ROAD
~~SUITE 900~~
~~FT. LAUDERDALE, FL 33130~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2101 Corporate Blvd.
Suite 107
City Boca Raton FL Zip Code 33431

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	JOSEPHER, RICHARD A	NAME	
STREET ADDRESS	~~100 W. CYPRESS CREEK RD., SUITE 900~~	STREET ADDRESS	2101 Corporate Blvd., Suite 107
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33309~~	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GUTTER, MARVIN C	NAME	
STREET ADDRESS	~~100 W. CYPRESS CREEK RD., SUITE 900~~	STREET ADDRESS	2101 Corporate Blvd., Suite 107
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33309~~	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #