

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000049609**

1. Entity Name

PROLIANZ CORP.**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90237 015 ***150.00

Principal Place of Business

**ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202**

Mailing Address

**ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202**

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

☒ Applied For☐ Not Applicable5. 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

**PHILLIPS, PAMELA K
50 N. LAURA STREET
SUITE 2800
JACKSONVILLE FL 32202**

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP of Taxes 1-15-01 904-360-2704

CR2E034 (10/00)

Officers and Board of Directors

803036
Doc # P00000049609

Title	Name	Security #	Address	Phone #
Chief Executive Officer Chairman of the Board	Derek E. Dewan	041-42-1309	One Independent Drive Jacksonville, FL 32202	(904) 360 -2000
Sr Vice President Treasurer	Michael D. Abney	261-46-8726	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Sr Vice President Secretary	Marc M. Mayo	267-13-6753	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Senior Vice President	George Bajalia	265-29-1983	One Independent Dr. Jacksonville, FL 32202	(904) 360-2000
Vice President Assistant Secretary	John Marshall	266-35-6196	One Independent Drive Jacksonville, FL 32202	(904) 360-2000
VP of Taxes	Gerald Robinson	051-62-4431	One Independent Drive Jacksonville, FL 32202	(904) 360-2000