

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01957

1. Entity Name

AMERICAN CONTINENTAL LIFE INSURANCE COMPANY

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90075 029 \*\*\*550.00

Principal Place of Business

540 LAKE COOK ROAD  
DEERFIELD IL 60015  
US

Mailing Address

540 LAKE COOK ROAD  
DEERFIELD IL 60015  
US

2. Principal Place of Business

3. Mailing Address

385 Washington Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Paul, MN

4. FEI Number

73-6095123

Applied For

Not Applicable

Zip

Country

Zip

55102

Country

USA

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

FLORIDA STATE INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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	P	<input checked="" type="checkbox"/> Delete
NAME	GRECE, PHILIP W	
STREET ADDRESS	3113 STONEGATE	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, BERNARD F. III	
STREET ADDRESS	1760 KNOLLWOOD LN.	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, GEORGE B.	
STREET ADDRESS	5215 OLD ORCHARD RD., STE. 700	
CITY-ST-ZIP	SKOKIE IL 60077	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FACEY, F L MD	
STREET ADDRESS	323 N PRAIRIE AVE S208	
CITY-ST-ZIP	INGLEWOOD CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARR, RICHARD R.	
STREET ADDRESS	10429 PRESTWICK N.E.	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	SVPC	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, JOSEPH R	
STREET ADDRESS	14483 TWIN LAKES COURT	
CITY-ST-ZIP	GREEN OAKS IL	

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Becker, Bernard F., III	
STREET ADDRESS	540 Lake Cook Road	
CITY-ST-ZIP	Deerfield, IL 60015	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiese, Sandra Ulsaker	
STREET ADDRESS	385 Washington Street	
CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	T/v	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bergmann, Thomas E.	
STREET ADDRESS	385 Washington Street	
CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	C/D /P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leatherdale, Douglas W.	
STREET ADDRESS	385 Washington Street	
CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Backberg, Bruce A.	
STREET ADDRESS	385 Washington Street	
CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley, Thomas A.	
STREET ADDRESS	385 Washington Street	
CITY-ST-ZIP	St. Paul, MN 55102	

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:

Bruce A. Backberg

8/30/00 651/310-7911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)