

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01957

1. Entity Name

AMERICAN CONTINENTAL LIFE INSURANCE COMPANY

Principal Place of Business

540 LAKE COOK ROAD
DEERFIELD IL 60015
US

Mailing Address

385 WASHINGTON STREET
SAINT PAUL MN 55102
US

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 73-6095123

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D DOUGLAS W. LEATHERDALE 385 WASHINGTON ST. ST. PAUL, MN 55102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL JAMES CONROY 385 WASHINGTON ST. ST. PAUL, MN 55102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT JULE LAMENDOLA 385 WASHINGTON ST. ST. PAUL, MN 55102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHEN WRIGHT LILIENTHAL 385 WASHINGTON ST. ST. PAUL, MN 55102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN ALEXANDER MACCOLL 385 WASHINGTON ST. ST. PAUL, MN 55102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S BRUCE A. BACKBERG 385 WASHINGTON ST. ST. PAUL, MN 55102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE A. BACKBERG

4/18/1

Date

651.310-7916

Daytime Phone #

CR2E034 (10/00)

CSM/RSB

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90265 001 ***150.00



DO NOT WRITE IN THIS SPACE

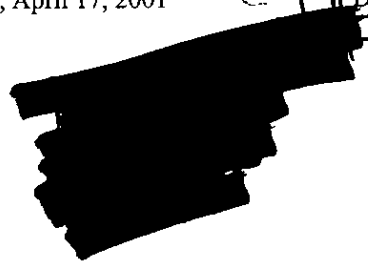
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American Continental Life Insurance Company as of Tuesday, April 17, 2001

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Status: Active
Incorporation: Missouri
Entity Type: Corporation
Federal ID #: 73-6095123

540350



DIRECTORS – CONTINUED FROM UNIFORM BUSINESS REPORT

	Title	Address
Timothy Michael Miller	Director	385 Washington St., St. Paul, MN 55102
Kent Douglas Umess	Director	385 Washington St., St. Paul, MN 55102

OFFICERS– CONTINUED FROM UNIFORM BUSINESS REPORT

	Title	Address
David R. Nachbar	Vice President	385 Washington St., St. Paul, MN 55102
Thomas Edward Bergmann	Vice President & Treasurer	385 Washington St., St. Paul, MN 55102
Thomas Andrew Bradley	Vice President	385 Washington St., St. Paul, MN 55102
Kathleen Ann Chagnon	Vice President	385 Washington St., St. Paul, MN 55102
Pamela J. McMahon	Assistant Corporate Secretary	385 Washington St., St. Paul, MN 55102
Edward Gaylord Pendergast	Vice President	385 Washington St., St. Paul, MN 55102