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2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am DOCUMENT # P03785 Secretary of State EMPHESYS INSURANCE COMPANY 05-14-2001 90219 012 ***150.00 Principal Place of Business Mailing Address 2720 EAST CAMELBACK ROAD 2720 EAST CAMELBACK ROAD PHOENIX AZ 85016 PHOENIX AZ 85016 00050539 2. Principal Place of Business 3. Mailing Address *xod* <u> 140096</u> Suite, Apt. #, etc. ite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 31-0935772 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) 200 E. GAINES STREET LARSON BLDG. TALLAHASSEE FL 32399 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Delete President & CBO ☐ Change Addition 3R2E034 (10/00) TITLE TITLE SCHRECK, WAYNE A Michael B. Mcallister NAME NAME 2720 EAST CAMELBACK ROAD STREET ADDRESS STREET ADDRESS 500 W. Main 3+. Louisville, KY 40202 PHOENIX AZ 85016 CITY-ST-ZIP CITY-ST-7IP DSVP TITLE TITLE COO ☐ Change ■ Addition Delete THOREN, DENISE L R. Eugene ShreldS NAME NAME 2720 EAST CAMELBACK ROAD 500 W. Main St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85016 CITY-ST-ZIP Loursville, KY 40202 Delete TITLE TITLE Change Addition CATMUL, BART F David MKrebs NAME NAME 2720 EAST CAMELBACK ROAD 500 W. Main St. STREET ADDRESS STREET ADDRESS CITY-ST-7IP PHOENIX AZ 85016 CITY-ST-ZIP ouisville, KY 40202 Delete ☐ Change TITLE TITLE UP-TAX Addition PHILLIPS, KENNETH W NAME NAME George & Bauernfeind 2720 EAST CAMELBACK ROAD STREET ADDRESS STREET ADDRESS 500. W. Main St. CITY-ST-ZIP PHOENIX AZ 85016 CITY-ST-ZIP Comprile KY 4030 3 DSVP Delete Treasurer -TITLE Change TITLE Addition STEVENS, KATHY E NAME Brett J. McIntyrc 2720 EAST CAMELBACK ROAD STREET ADDRESS STREET ADDRESS 500 W. Marn St. CITY-ST-ZIP PHOENIX AZ 85016 CITY-ST-ZIP DSVP Delete TITLE Secretary Joan O. Lenahan TITLE ☐ Change Addition CLEFF, DAVID M NAME NAME 2720 EAST CAMELBACK ROAD 500. W. Main St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85016 CITY-ST-ZIP Coursuille, Ky Hoads

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 HAINTED NAME OF SIGNING OFFICER OR DIRECTOR POWER PROPERTY OF DAYS PROPERT