

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90003 026 ***150.00

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DOCUMENT # *PO6679*

1. Entity Name
 Caritas Variable Life Insurance Company

2. Principal Place of Business
 5900 O Street
 Lincoln, NE 68510
 US

Mailing Address
 P.O. Box 82550
 Lincoln, NE 68501-2550
 US

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 47-0657746

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Florida State Insurance Commissioner
 The Capitol
 Tallahassee, FL 32399-0300

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP		TITLE	
		NAME	Lester, William W.
		STREET ADDRESS	5900 O Street
		CITY-ST-ZIP	Lincoln, NE
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP		TITLE	
		NAME	Arth, Lawrence J.
		STREET ADDRESS	5900 O Street
		CITY-ST-ZIP	Lincoln, NE
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP		TITLE	
		NAME	Stading, Donald R.
		STREET ADDRESS	5900 O Street
		CITY-ST-ZIP	Lincoln, NE
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP		TITLE	
		NAME	Atherton, William J.
		STREET ADDRESS	5900 O Street
		CITY-ST-ZIP	Lincoln, NE
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP		TITLE	
		NAME	Louis, Kenneth C.
		STREET ADDRESS	5900 O Street
		CITY-ST-ZIP	Lincoln, NE
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP		TITLE	
		NAME	Martin, JoAnn M.
		STREET ADDRESS	5900 O Street
		CITY-ST-ZIP	Lincoln, NE

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 an officer like empowered.

SIGNATURE: *Donald R. Stading* Donald R. Stading, VS *4/25/2000* (402) 465-7465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)