

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10214

1. Entity Name

KEYSTONE STATE LIFE INSURANCE COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90169 001 ***150.00

Principal Place of Business

Mailing Address

501 OFFICE CENTER DR
 STE 325
 FT WASHINGTON PA 19034-3299
 US

501 OFFICE CENTER DR
 STE 325
 FT WASHINGTON PA 19034-3211
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

19034-3299

4. FEI Number

23-2088467

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

INSURANCE COMMISSIONER
 THE CAPITOL
 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, 2000 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 TD
 STREET ADDRESS ANDERSON, JOHN K-JR.
 CITY-ST-ZIP 1776 AMERICAN HERITAGE LIFE DR.
 JACKSONVILLE FL 32224

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME CEO
 STREET ADDRESS RODERIC H. ROSS
 CITY-ST-ZIP 501 OFFICE CTR DR- #325
 F. WASHINGTON PA 19045-3299

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DOUGLAS, T. O'NEAL
 CITY-ST-ZIP 1776 AMERICAN HERITAGE LIFE DR.
 JACKSONVILLE FL 32224

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS MOOREHEAD, C. RICHARD
 CITY-ST-ZIP 1776 AMERICAN HERITAGE LIFE DR.
 JACKSONVILLE FL 32224

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME CFO
 STREET ADDRESS ATHENS, ZACK G
 CITY-ST-ZIP 11211 TAYLOR DRAPER LANE, STE 325
 AUSTIN TX 78759

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME P
 STREET ADDRESS MICHAEL, ROBERT A.
 CITY-ST-ZIP 501 OFFICE CTR DR- #325
 F WASHINGTON PA 19045-3299

TITLE ☐ 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 or without other like empowered.

SIGNATURE:

Zack G. Athens
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zack G. Athens, Chief Financial Officer

4/13/00

Date

Daytime Phone #

CR2E034 (9/99)