

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90059 049 \*\*\*150.00

**DOCUMENT # P10214**

1. Entity Name

**KEYSTONE STATE LIFE INSURANCE COMPANY**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**3075 SANDERS ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**H/A**

City & State

City & State

**NORTHBROOK, IL**

Zip

Country

Zip

Country

**60062**

**US**

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, 2002 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 **STD** ☒ Delete  
 NAME **ANDERSON, JOHN K JR.**  
 STREET ADDRESS **1776 AMERICAN HERITAGE LIFE DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **CEO/D** ☐ Change ☒ Addition  
 NAME **THOMAS J. WILSON, II**  
 STREET ADDRESS **3100 SANDERS ROAD**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

TITLE **D** ☒ Delete  
 NAME **PINKHAM, MIKE**  
 STREET ADDRESS **11211 TAYLOR DRAPER LANE, STE 200**  
 CITY-ST-ZIP **AUSTIN TX 78759**

TITLE **S/D** ☐ Change ☒ Addition  
 NAME **MICHAEL J. VELOTTA**  
 STREET ADDRESS **3100 SANDERS ROAD**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

TITLE **D** ☒ Delete  
 NAME **BIRD, DAVID A**  
 STREET ADDRESS **1776 AMERICAN HERITAGE LIFE DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **V/D** ☐ Change ☒ Addition  
 NAME **MARIA G. FRIEDMAN**  
 STREET ADDRESS **3100 SANDERS ROAD**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

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

TITLE **V/D** ☐ Change ☒ Addition  
 NAME **STEVEN E. SHEBIK**  
 STREET ADDRESS **3100 SANDERS ROAD**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

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

TITLE **V** ☐ Change ☒ Addition  
 NAME **SAMUEL H. PILCH**  
 STREET ADDRESS **3075 SANDERS ROAD**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

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

TITLE **T** ☐ Change ☒ Addition  
 NAME **JAMES P. ZILS**  
 STREET ADDRESS **3075 SANDERS ROAD**  
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

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.

**Lynn Cirincione**

SIGNATURE:

*Lynn Cirincione*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Authorized Representative

**4/10/02 (847) 402-3029**

Date

Daytime Phone #

CR2E034 (9/01)