

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90140 015 \*\*\*150.00

**DOCUMENT # P20173**

1. Entity Name

**HEALTH AND LIFE INSURANCE COMPANY OF AMERICA**

Principal Place of Business

**222 MERCHANDISE MART PLAZA  
CHICAGO IL 60654  
US**

Mailing Address

**11815 N PENNSYLVANIA ST  
DEPT A2A  
CARMEL IN 46032  
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 **84-0746919**

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  
CAPITOL BUILDING  
TALLAHASSEE FL 32399-0300**

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 **SVP** ☐ Delete  
NAME **BROPHY, THOMAS J**  
STREET ADDRESS **222 MERCHANDISE MART PLAZA**  
CITY-ST-ZIP **CHICAGO IL 60654**

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

TITLE **PD** ☐ Delete  
NAME **KILIAN, THOMAS J**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN 46032**

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

TITLE **EVPD** ☒ Delete  
NAME **DICK, ROLLIN M**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN 46032**

TITLE **SVP** ☐ Change ☒ Addition  
NAME **William T. Devanney, Jr.**  
STREET ADDRESS **11815 N. Pennsylvania St.**  
CITY-ST-ZIP **Carmel, IN 46032-4555**

TITLE **EVPS** ☒ Delete  
NAME **SABL, JOHN J**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN 46032**

TITLE **EVPS** ☐ Change ☒ Addition  
NAME **David K. Herzog**  
STREET ADDRESS **11815 N. Pennsylvania St.**  
CITY-ST-ZIP **Carmel, IN 46032-4555**

TITLE **SVPT** ☐ Delete  
NAME **ADAMS, JAMES S**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN 46032**

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

TITLE **COBD** ☒ Delete  
NAME **HILBERT, STEPHEN C**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN 46032**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ngair E. Cuneo**  
STREET ADDRESS **11815 N. Pennsylvania St.**  
CITY-ST-ZIP **Carmel, IN 46032-4555**

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William T. Devanney, Jr.**

**1/17/01**

Date

**(317) 817-6000**

Daytime Phone #

CR2E034 (10/00)