

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90001 044 ***550.00

DOCUMENT # P21216

1. Entity Name

PENINSULAR LIFE INSURANCE COMPANY

LA

Principal Place of Business

**600 COURTLAND ST.
 SUITE 400
 ORLANDO FL 32804-1352**

Mailing Address

**PO BOX 4955
 ORLANDO FL 32802-4955**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0379210**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPAS
 SILVERMAN, SCOTT D.
 2610 WYCLIFF ROAD
 RALEIGH NC** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 Carl Cochrane
 600 Courtland Street
 Orlando, FL 32804** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 BRYANT, GARY W
 600 COURTLAND STREET
 ORLANDO FL 32804** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 KUSEV, J P
 2610 WYCLIFF ROAD
 RALEIGH NC 27607** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP, D., Secretary
 600 Courtland Street
 Orlando, FL 32804** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP
 FRYE, MARTHA L
 2610 WYCLIFF ROAD
 RALEIGH NC 27607** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D SVP T
 Donald M. Gray
 600 Courtland Street
 Orlando, FL 32804** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 BUTLER, PATRICIA
 2610 WYCLIFF ROAD
 RALEIGH NC 27607** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 Janice Baker
 600 Courtland Street
 Orlando, FL 32804** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVPD
 WAEGELEIN, ROBERT A
 600 COURTLAND STREET
 ORLANDO FL 32804** ☐ Delete

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

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 *Janice Baker* **SIGNATURE REQUIRED** *Janice Baker*, Asst. Secretary 6/16, 2001 407-628-1776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **8684**

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CR2E034 (5/01)