

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90062 040 ***150.00

DOCUMENT # P23000

1. Entity Name

FAMILY INSURANCE CORPORATION

Principal Place of Business

**18581 TELLER AVE.
 IRVINE CA 92612
 US**

Mailing Address

**250 CARPENTER FRWY
 IRVING TX 75062
 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 **39-6043980**

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	BUKOW, R.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FITE, G.L.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	FOGARTY, T.T.	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPENCE, JOHN C.	
STREET ADDRESS	18581 TELLER AVE	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	HITZEL, T.G.	
STREET ADDRESS	17 NORTH PORTOLA	
CITY-ST-ZIP	SO LAGUNS BEACH CA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ATON, NEAL R	
STREET ADDRESS	18581 TELLER AVE	
CITY-ST-ZIP	IRVINE CA 92612	

TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark J. Morrison	
STREET ADDRESS	250 Carpenter Freeway	
CITY-ST-ZIP	Irving, TX 75062	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A. Brooks	
STREET ADDRESS	250 Carpenter Freeway	
CITY-ST-ZIP	Irving, TX 75062	
TITLE	AVP & SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael J. Frederick	
STREET ADDRESS	250 Carpenter Freeway	
CITY-ST-ZIP	Irving, TX 75062	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles E. Compton, III	
STREET ADDRESS	250 Carpenter Freeway	
CITY-ST-ZIP	Irving, TX 75062	
TITLE	Vice President & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin J. Wong	
STREET ADDRESS	300 St. Paul Place	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Atul Vohra	
STREET ADDRESS	250 Carpenter Freeway	
CITY-ST-ZIP	Irving, TX 75062	

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 12 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

**Michael J. Frederick
 Ass't Vice President
 & Ass't Secretary**

Daytime Phone #

CR2E034 (10/00)