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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P26581

1. Corporation Name

UNITED CONCORDIA INSURANCE COMPANY

Principal Place of Business Mailing Address						1 108110	IDEL DIBIG BEBEL I	IIMII AFAEI IAMI				
•		100 SENATE AVE.	100 SENATE AVE									
CAMP HILL PA 17011		CAMP HILL PA 17011			DO NOT WRITE IN THIS SPACE							
US		US		-	3. Date Incorporated or Qualified							
					l		•	uameu				
2 Data da al Di	and of Divisional	2a. Mailing Address				10/20/19 4. FEI Number			- Ar	plied For		
						86-0307			- 	ot Applicable		
Suite, Apt.	Suite, Apt. #, etc.	ot # etc.							Additional			
_	#, etc.	27	54.07 pt. 11 515.			5. Certifcate	of Status Des	sired 🗌	Fee Re			
City & State		City & State			+	6. Flection C	ampaign Fina	encing	\$5.00	May-Be		
23	•	28			1	6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees						
				ountry 8. This corporation owes the current year Intangible								
24	25 29 30				Personal Property Tax. ☐ Yes ☐ No							
	9. Name and Address of Current					10. Name and	Address of	New Registered	Agent			
					81 Name							
THE INSURANCE COMMISSIONER				Stroot	Street Address (P.O. Box Number is Not Acceptable)							
THE CAPITOL			82	Ou ser	Addies.	(datess (F.O. Box Natitiber is Not Acceptable)						
TALLAHASSEE FL 32399			83									
•			94	Cit.		<u> </u>			85 Zip	Code		
			84	City				FL	_	Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							nis statement ctors. I hereb	for the purpose of y accept the appo	changing its intment as re	registered egistered		
SIGNATURE												
	Signature, typed or printed name of registered agent		gistered Ager	it signature r	required w	en reinstating)	CHANGES	TO OFFICERS AI	ND DIRECTO	ORS IN 12		
12.	OFFICERS ANI	DELETE	1.1 TITLE		145		3/01//41020	100/1102/107/	Change	Addition		
TITLE	PD THOMAS A		12 NAME			rachko, T	Thomas	A		_		
NAME	DZURYACHKO, THOMAS A.			ADDRESS	100	Senate	ANE			}		
STREET ADDRESS	100 SENATE AVE.				_	11.41	49	17011		Ì		
CITY-ST-ZIP	CAMP HILL PA	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-212	Car	vb HIII		1 (() ()	Change	Addition		
TITLE	T DANIEL I		2.2 NAME		E. V	ver, Do	nald L			_		
NAME	WRIGHT, DANIEL J.		2.3 STREE	T ADDDECC		Senate				ŀ		
STREET ADDRESS	100 SENATE AVE.		ŧ		l .		PA	17011		,		
CITY-ST-ZIP	CAMP HILL PA	☐ DELETE	2. 4 CITY-5 3.1 TITLE	31-ZIP	Cam	4 Hill		11011	Change	X Addition		
TITLE	s Enterline, richard		3.2 NAME		Paul	. Waine	. Δ		_ ,	-		
NAME	1800 CENTER ST.			TADDRESS	1	i, wayne Senate						
STREET ADDRESS			3.4 CITY-5		1 A		OV	17011				
CITY-ST-ZIP	CAMP HILL PA CD	≥ DELETE	4.1 TITLE	11- CIF	Dan	4 Hill	177	1,641	Change	∑ Addition		
NAME /	BROUSE, JOHN S.	<u></u>	4.2 NAME		Klein	iberg Na	than C			***		
STREET ADDRESS	1800 CENTER ST.		A 3 STREE	TADORESS.	100	Senate A	NC					
}			4.4 CITY-S			a Hilly		17911				
CITY-ST-ZIP TITLE	D CAMP HILL PA	M DELETE	4.4 CITT-5	, 411	/ _ ou	.h			Change	Addition		
NAME	LONG, CHARLES R.	_	5.2 NAME		mi	othy S. G	2/1647			/		
STREET ADORESS	1800 CENTER ST.		5.3 STREE	TADDRESS	100	Sux ale t	h C.			i		
(CAMP HILL PA		5.4 CITY-S		Ca	no Hill	ALLO.	17011				
CITY-ST-ZIP	D	☐ DELETE	6.1 TITLE		1	A-1.11	430		Change	☐ Addition		
NAME	FROH, WALTER F.		6.2 NAME		Ì							
STREET ADDRESS	1800 CENTER ST.			TADORESS								
CITY-ST-ZIP	CAMP HILL PA		64 CITY-S									
UIT-SI-ZIP -	VOM HILL IA											

14. 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 annual report or supplemental annual 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.