2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P26581** Mar 21, 2000 8:00 am 1. Entity Name Secretary of State UNITED CONCORDIA INSURANCE COMPANY 03-21-2000 90067 026 ***150.00 Principal Place of Business Mailing Address 100 SENATE AVE. 100 SENATE AVE. CAMP HILL PA 17011-2309 CAMP HILL PA 17011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 86-0307623 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32399 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CPD ☐ Change ☐ Addition ☐ Delete TITLE TITLE DZURYACHKO, THOMAS A. NAME NAME STREET ADDRESS STREET ADDRESS 100 SENATE AVE. CITY-ST-ZIP CITY-ST-ZIP CAMP HILL PA 17011 ☐ Addition ☐ Delete ☐ Change TITLE WRIGHT, DANIEL J. NAME STREET ADDRESS STREET ADDRESS 100 SENATE AVE. CITY-ST-ZIP CITY-ST-ZIP CAMP HILL PA ☐ Change ☐ Addition ☐ Delete TITLE TITLE ENTERLINE, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 1800 CENTER ST. CITY-ST-ZIP CITY-ST-ZIP CAMP HILL PA Change ☐ Addition ☐ Delete TITLE TITLE NAME FISHER, DONALD L NAME STREET ADDRESS STREET ADDRESS 100 SENATE AVE CITY-ST-ZIP CITY-ST-ZIP CAMP HILL PA 17011 ☐ Change Addition ☐ Delete TITI F TITLE NAME PAUL, WAYNE A NAME STREET ADDRESS STREET ADDRESS 100 SENATE AVE CITY-ST-ZIP CITY-ST-7IP CAMP HILL PA 17011 Change X Addition TITLE ☐ Delete TIT! F Asst. T NAME FROH, WALTER F. NAME Billow, Timothy D. STREET ADDRESS STREET ADDRESS 1800 CENTER ST. 100 Senate Avenue CITY-ST-ZIP CITY-ST-ZIP CAMP HILL PA

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:

AME OF SIGNING OFFICER OR DIRECTOR

Daniel J. Wright, Treasurer

<u>Camp Hill, PA</u>