

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90038 041 ***150.00

DOCUMENT # P26581

1. Entity Name
UNITED CONCORDIA INSURANCE COMPANY

Principal Place of Business

**100 SENATE AVE.
 CAMP HILL PA 17011
 US**

Mailing Address

**100 SENATE AVE.
 CAMP HILL PA 17011
 US**

2. Principal Place of Business

4401 Deer Path Road
 Suite, Apt. #, etc.

3. Mailing Address

4401 Deer Path Road
 Suite, Apt. #, etc.

City & State

Harrisburg, PA

City & State

Harrisburg, PA

4. FEI Number **86-0307623**

Applied For

Not Applicable

Zip

17110

Country

U.S.

Zip

17110

Country

U.S.

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

**THE INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399**

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 **CPO** ☐ Delete
 NAME **DZURYACHKO, THOMAS A.**
 STREET ADDRESS **100 SENATE AVE.**
 CITY-ST-ZIP **CAMP HILL PA 17011**

TITLE **CPO** ☒ Change ☐ Addition
 NAME **Dzuryachko, Thomas A.**
 STREET ADDRESS **4401 Deer Path Road**
 CITY-ST-ZIP **Harrisburg, PA 17110**

TITLE **T** ☐ Delete
 NAME **WRIGHT, DANIEL J.**
 STREET ADDRESS **100 SENATE AVE.**
 CITY-ST-ZIP **CAMP HILL PA**

TITLE **VT** ☒ Change ☐ Addition
 NAME **Wright, Daniel J.**
 STREET ADDRESS **4401 Deer Path Road**
 CITY-ST-ZIP **Harrisburg, PA 17110**

TITLE **S** ☒ Delete
 NAME **ENTERLINE, RICHARD**
 STREET ADDRESS **1800 CENTER ST.**
 CITY-ST-ZIP **CAMP HILL PA**

TITLE **D** ☐ Change ☒ Addition
 NAME **Massini, Stephen M.**
 STREET ADDRESS **1800 Center Street**
 CITY-ST-ZIP **Camp Hill, PA**

TITLE **D** ☒ Delete
 NAME **FISHER, DONALD L**
 STREET ADDRESS **100 SENATE AVE**
 CITY-ST-ZIP **CAMP HILL PA 17011**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kline, Nanette P.**
 STREET ADDRESS **120 Fifth Avenue Place**
 CITY-ST-ZIP **Pittsburgh, PA 15222**

TITLE **D** ☒ Delete
 NAME **PAUL, WAYNE A**
 STREET ADDRESS **100 SENATE AVE**
 CITY-ST-ZIP **CAMP HILL PA 17011**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kleinberg, Nathan C.**
 STREET ADDRESS **2198 East Camelback Road, Suite 260**
 CITY-ST-ZIP **Phoenix, AZ 85016**

TITLE **D** ☐ Delete
 NAME **FROH, WALTER F.**
 STREET ADDRESS **1800 CENTER ST.**
 CITY-ST-ZIP **CAMP HILL PA**

TITLE **D** ☒ Change ☐ Addition
 NAME **Froh, Walter F.**
 STREET ADDRESS **100 Senate Avenue**
 CITY-ST-ZIP **Camp Hill, PA 17011**

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:

Daniel J. Wright, VP & Controller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer,

4/6/01
 Date

717-260-7182
 Daytime Phone #

CR2E034 (10/00)



REGULATORY COMPLIANCE
4401 DEER PATH ROAD
HARRISBURG, PA 17110

~~P26581~~
825460
P26581

April 18, 2001

VIA FIRST-CLASS MAIL

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: United Concordia Insurance Company
FEI Number: 86-0307623

Dear Sir or Madam:

Enclosed please find the completed 2001 Uniform Business Report for United Concordia Insurance Company along with Check Number 02100607 for \$150.00.

If you should have any questions, feel free to call me at (800) 929-0538 or directly at 717-260-7374.

Sincerely,

Darron Wilt
Regulatory Compliance Analyst

Enclosure