

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P26699**1. Entity Name
REDLAND INSURANCE COMPANYPrincipal Place of Business
535 WEST BROADWAY
COUNCIL BLUFFS IA 51503
Mailing Address
222 S 15TH ST
STE 600 N
OMAHA NE 68102 US2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
1177 AVENUE OF THE AMERICAS
SUITE 4500
City & State
NEW YORK NY
Zip Country
10036 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1113749
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**STATE INSURANCE COMMISSIONER
THE CAPITOL

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 _____ **03/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	NE	68102	<input type="checkbox"/> Delete
	COON	KENNETH C	222 SOUTH 15TH ST., SUITE 600 NORTH	OMAHA			
	S	KNOLLA	PETER A.	222 SOUTH 15TH ST., SUITE 600 NORTH	OMAHA		
	V	SLAUGHTER	BRUCE	222 S. 15TH ST., STE 600 N	OMAHA		
	T	MACE	GEORGIA M.	222 SOUTH 15TH ST., SUITE 600 NORTH	OMAHA		
	PD	MARTIN	JOHN E	222 S. 15TH ST., STE. 600 N	OMAHA		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	NY	10036	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	MILO	RALPH	1177 AVE. OF THE AMERICAS	NEW YORK				
	S	LABELL	JOSEPH S	1177 AVE. OF THE AMERICAS	NEW YORK			
	VD	HUANG	MING-I	1177 AVE. OF THE AMERICAS	NEW YORK			
	TD	LARSSON	ANDERS	1177 AVE. OF THE AMERICAS	NEW YORK			
	PD	STEINER	DETLEF	1177 AVE. OF THE AMERICAS	NEW YORK			

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: Joseph S. Labell

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03/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)