

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32930

1. Entity Name

NACOLAH LIFE INSURANCE COMPANY

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90003 007 ***150.00

Principal Place of Business

Mailing Address

222 S. RIVERSIDE PLAZA
CHICAGO IL 60606

222 S. RIVERSIDE PLAZA
CHICAGO IL 60606-5808

2. Principal Place of Business

3. Mailing Address c/o Midland Nat'l Life
One Midland Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sioux Falls, SD

4. FEI Number 36-3723034

Applied For

Not Applicable

Zip Country
57193-0001 USA

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

COMMISSIONER OF INSURANCE
THE CAPITAL BUILDING
TALLAHASSEE FL 32301

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, 2000 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 PCD ☒ Delete
NAME WATSON, JOHN CECIL
STREET ADDRESS 222 S. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

TITLE President, Chairman of Board ☒ Change ☐ Addition
NAME Michael Milo Masterson
STREET ADDRESS 222 S. Riverside Plaza
CITY-ST-ZIP Chicago, IL 60606

TITLE VTD ☐ Delete
NAME CRAIG, JOHN JAMES II
STREET ADDRESS 22 S. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME HORVAT, STEPHEN PAUL
STREET ADDRESS 222 S. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME TURNER, EDWARD ARTHUR
STREET ADDRESS 222 S. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☐ Delete
NAME MEYER, THOMAS M
STREET ADDRESS 222 S. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:  Bruce D. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February, 23, 2000 (605) 373-2371

Date

Daytime Phone #

CR2E034 (9/99)