

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35423

1. Entity Name

WESTWOOD LIFE INSURANCE COMPANY

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90063 042 ***150.00

Principal Place of Business

Mailing Address

4850 STREET RD
TREVOSE PA 19049
US

4850 STREET RD
TREVOSE PA 19049-0002
US

2. Principal Place of Business

500 VIRGINIA DRIVE
Suite, Apt. #, etc.
F-27

3. Mailing Address

500 VIRGINIA DRIVE
Suite, Apt. #, etc.
F-28



DO NOT WRITE IN THIS SPACE

City & State

Fort Washington, PA

City & State

Fort Washington, PA

4. FEI Number

86-0387892

Applied For

Not Applicable

Zip

19034

Country

USA

Zip

19034

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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

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

TITLE DC ☐ Delete

NAME PARKER, LOUIS A
STREET ADDRESS 4850 STREET RD
CITY-ST-ZIP TREVOSE PA 19049

TITLE SD ☒ Delete

NAME OWENS, JAMES JACOB
STREET ADDRESS 30851 AGOURA RD, 3RD FL
CITY-ST-ZIP AGOURA HILLS CA

TITLE DP ☒ Delete

NAME MUMSON, DANIEL C
STREET ADDRESS 4850 STREET RD
CITY-ST-ZIP TREVOSE PA 19049

TITLE VPD ☐ Delete

NAME BERGMANN, RICHARD W
STREET ADDRESS 4850 STREET RD
CITY-ST-ZIP TREVOSE PA 19049

TITLE VPD ☒ Delete

NAME SALMON, RICHARD B
STREET ADDRESS 4850 STREET RD
CITY-ST-ZIP TREVOSE PA 19049

TITLE VP ☒ Delete

NAME ATTEY, JOHN W
STREET ADDRESS 4850 STREET RD
CITY-ST-ZIP TREVOSE PA 19049

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition

NAME 500 VIRGINIA DRIVE
STREET ADDRESS FORT WASHINGTON, PA 19034

TITLE SD ☐ Change ☒ Addition

NAME JOPPA, GLENN LYLE
STREET ADDRESS 500 VIRGINIA DRIVE
CITY-ST-ZIP FORT WASHINGTON, PA 19034

TITLE D ☒ Change ☐ Addition

NAME 500 VIRGINIA DRIVE
STREET ADDRESS FORT WASHINGTON, PA 19034

TITLE D ☒ Change ☐ Addition

NAME 500 VIRGINIA DRIVE
STREET ADDRESS FORT WASHINGTON, PA 19034

TITLE VP ☐ Change ☒ Addition

NAME FARRELLY, RICHARD JOSEPH
STREET ADDRESS 500 VIRGINIA DRIVE
CITY-ST-ZIP FORT WASHINGTON, PA 19034

TITLE TVPD ☐ Change ☒ Addition

NAME STONESSER, TIMOTHY CHARLES
STREET ADDRESS 500 VIRGINIA DRIVE
CITY-ST-ZIP FORT WASHINGTON, PA 19034

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy C. Stoneisser
Vice-President (267) 468-3405