

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P35423**

1. Entity Name

WESTWOOD LIFE INSURANCE COMPANY**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90119 019 ***150.00

Principal Place of Business

**500 VIRGINIA STREET
F-27
FORT WASHINGTON PA 19034
US**

Mailing Address

**500 VIRGINIA STREET
F-27
FORT WASHINGTON PA 19034
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **86-0387892**

Applied For

Not Applicable

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****INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300**

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 1**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	PARKER, LOUIS A	500 VIRGINIA DRIVE	FORT WASHINGTON PA 19034	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	MARIELLO, KATHY V.	500 VIRGINIA DRIVE	FORT WASHINGTON, PA 19034	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
SD	JOPPA, GLENN L	500 VIRGINIA DRIVE	FORT WASHINGTON PA 19034	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	MUMSON, DANIEL C	500 VIRGINIA DRIVE	FORT WASHINGTON PA 19034	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	BERGMANN, RICHARD W	500 VIRGINIA DRIVE	FORT WASHINGTON PA 19034	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VP	FARRELLY, RICHARD J	500 VIRGINIA DRIVE	FORT WASHINGTON PA 19034	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TVPD	STONESIFER, TIMOTHY C	500 VIRGINIA DRIVE	FORT WASHINGTON PA 19034	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VPD	BRANDT, MICHAEL J	500 VIRGINIA DRIVE	FORT WASHINGTON, PA 19034	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

4-25-01

Date

(267) 468-3014

Daytime Phone #

CR2E034 (10/00)