

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37144

1. Entity Name

THE OHIO STATE LIFE INSURANCE COMPANY

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90007 039 \*\*\*550.00

Principal Place of Business

Mailing Address

500 N AKARD  
DALLAS TX 75201-3320  
US

PO BOX 13487  
KANSAS CITY MO 64199-3487  
US

2. Principal Place of Business

500 N AKARD

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 13487

Suite, Apt. #, etc.

City & State  
DALLAS TX 75201-3320

City & State  
KANSAS CITY MO 64199-3487

4. FEI Number 31-4271600

Applied For

Not Applicable

Zip  
75201-3320

Country  
USA

Zip  
64199-3487

Country  
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

GASEY, WILLIAM D  
FLORIDA INSURANCE COMMISSIONER  
THE CAPITAL BLDG  
TALLHASSEE FL 32304

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 NAME STREET ADDRESS CITY-ST-ZIP	P MULLER, GARY 300 W 11TH STREET KANSAS CITY MO 64105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINNAIRD, DONNA H 300 W 11TH STREET KANSAS CITY MO 64105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARK, MAJOR W 300 W 11TH STREET KANSAS CITY MO 64105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENKINS, GARY E 300 W 11TH STREET KANSAS CITY MO 64105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARBONNEAU, JAMES 300 W 11TH STREET KANSAS CITY MO 64105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, ROBERT 300 W 11TH STREET KANSAS CITY MO 64105	<input type="checkbox"/> Delete

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. MCCLAFIN, ASST. TREASURER

Date

816-391-2135

Daytime Phone #

CR21 01/14 (1/1/93)