

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90102 038 \*\*\*150.00

0588712

**DOCUMENT # P37144**

1. Entity Name

**THE OHIO STATE LIFE INSURANCE COMPANY**

Principal Place of Business

**500 N AKARD  
 DALLAS TX 75201-3320  
 US**

Mailing Address

**PO BOX 13487  
 KANSAS CITY MO 64199-3487  
 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 **31-4271600**

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

**CASEY, 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, 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 11

TITLE **P** ☐ Delete  
 NAME **MULLER, GARY**  
 STREET ADDRESS **300 W 11TH STREET**  
 CITY-ST-ZIP **KANSAS CITY MO 64105**

TITLE **DP** ☒ Change ☐ Addition  
 NAME **Muller, Gary**  
 STREET ADDRESS **300 West 11th Street**  
 CITY-ST-ZIP **Kansas City, MO 64105**

TITLE **VP** ☐ Delete  
 NAME **KINNAIRD, DONNA H**  
 STREET ADDRESS **300 W 11TH STREET**  
 CITY-ST-ZIP **KANSAS CITY MO 64105**

TITLE **SVP** ☒ Change ☐ Addition  
 NAME **Kinnaird, Donna H.**  
 STREET ADDRESS **300 West 11th Street**  
 CITY-ST-ZIP **Kansas City, MO 64105**

TITLE **S** ☐ Delete  
 NAME **PARK, MAJOR W**  
 STREET ADDRESS **300 W 11TH STREET**  
 CITY-ST-ZIP **KANSAS CITY MO 64105**

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

TITLE **T** ☐ Delete  
 NAME **JENKINS, GARY E**  
 STREET ADDRESS **300 W 11TH STREET**  
 CITY-ST-ZIP **KANSAS CITY MO 64105**

TITLE **SVP T** ☒ Change ☐ Addition  
 NAME **Jenkins, Gary E.**  
 STREET ADDRESS **300 West 11th Street**  
 CITY-ST-ZIP **Kansas City, MO 64105**

TITLE **D** ☐ Delete  
 NAME **CHARBONNEAU, JAMES**  
 STREET ADDRESS **300 W 11TH STREET**  
 CITY-ST-ZIP **KANSAS CITY MO 64105**

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

TITLE **D** ☐ Delete  
 NAME **GRAHAM, ROBERT**  
 STREET ADDRESS **300 W 11TH STREET**  
 CITY-ST-ZIP **KANSAS CITY MO 64105**

TITLE **DVP** ☒ Change ☐ Addition  
 NAME **Graham, Robert**  
 STREET ADDRESS **300 West 11th Street**  
 CITY-ST-ZIP **Kansas City, MO 64105**

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

Date

Daytime Phone #

CR2E034 (10/00)