

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90013 032 ***150.00

DOCUMENT # 855552

1. Entity Name
GREAT LAKES LIFE & HEALTH INSURANCE COMPANY

Principal Place of Business ONE VENCOR PLACE 680 S. 4TH ST LOUISVILLE KY 40202-2412	Mailing Address ONE VENCOR PLACE 680 S. 4TH ST LOUISVILLE KY 40202-2407
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2. Principal Place of Business 4100 Okemos Road	3. Mailing Address 4100 Okemos Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Okemos, MI	City & State Okemos, MI	4. FEI Number 35-1536282	Applied For <input type="checkbox"/> Not Applicable
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Zip 48864	Country USA	Zip 48864	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER FLORIDA DEPARTMENT OF INSURANCE 200 EAST GAINES STREET TALLAHASSEE FL 32399-0327		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORCE, JILL L ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEITZ, C. RICHARD 4100 OKEMOS RD OKEMOS MI 48864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLENWATER, JAMES H JR. ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLESZAR, THOMAS J DDS,MS 4100 OKEMOS RD OKEMOS MI 48864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB KUNTZ, EDWARD ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLOMON, MACK B JR. 4100 OKEMOS RD OKEMOS MI 48864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFC LECHLEITER, RICHARD A ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLARD, WILLIAM T 4100 OKEMOS RD OKEMOS MI 48864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV GILLENWATER, JAMES H JR. ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, KEVIN 4100 OKEMOS RD OKEMOS MI 48864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCS FORCE, JILL L ONE VENCOR PL- 680 S. 4TH ST LOUISVILLE KY 40202 <input checked="" type="checkbox"/> Delete	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: C. Richard Seitz C. Richard Seitz 2/2/00 (517) 349-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)