## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 22, 2001 8:00 am Secretary of State **DOCUMENT #855552** 1. Entity Name GREAT LAKES LIFE & HEALTH INSURANCE COMPANY -2001 90030 012 \*\*\*150.00 Principal Place of Business Mailing Address 4100 OKEMOS RD 4100 OKEMOS RD OKEMOS MI 48864 680 S. 4TH ST OKEMOS MI 48864 2. Principal Place of Business 3. Mailing Address P.O. Box 30416 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 35-1536282 Not Applicable Lansing, MI Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 48909-7916 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) FLORIDA DEPARTMENT OF INSURANCE 200 EAST GAINES STREET TALLAHASSEE FL 32399-0327 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001, Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete TITLE President SEITZ, RICHARD C NAME NAME C. Richard Seitz STREET ADDRESS STREET ADDRESS 4100 OKEMOS RD CITY-ST-ZIP CITY-ST-ZIP OKEMOS MI 48864 ☐ Change ☐ Addition 7ITI F Delete TITL F FLESZAR, THOMAS J DDS MS NAME STREET ADDRESS STREET ADDRESS 4100 OKEMOS RD CITY-ST-71P CITY-ST-ZIP OKEMOS MI 48864 Change ☐ Addition Delete TITLE TITLE SOLOMON, MACK B JR NAME NAME STREET ADDRESS STREET ADDRESS 4100 OKEMOS RD CITY-ST-ZIP CITY-ST-7IP OKEMOS MI 48864 Change Addition Delete TITLE TITLE NAME BILLARD, WILLIAM T NAME STREET ADDRESS STREET ADDRESS 4100 OKEMOS RD CETY+ST-ZIP CITY-ST-ZIP OKEMOS MI 48864 Change Addition TITLE ☐ Delete ΠΒ F GRIFFITH, KEVIN NAME NAME STREET ADORESS STREET ADDRESS 4100 OKEMOS RD CITY-ST-ZIP CITY-ST-7IP OKEMOS MI 48864 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 flue and acquete 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 if trusted 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.

G OFFICER OR DIRECTOR

Daytime Phone #