

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90169 001 \*\*\*150.00

**DOCUMENT # P10214**

1. Entity Name

**KEYSTONE STATE LIFE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

501 OFFICE CENTER DR  
 STE 325  
 FT WASHINGTON PA 19034-3299  
 US

501 OFFICE CENTER DR  
 STE 325  
 FT WASHINGTON PA 19034-3211  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

19034-3299

4. FEI Number

23-2088467

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32301**

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	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, JOHN K.-JR.	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	RODERIC H. ROSS	
STREET ADDRESS	501 OFFICE CTR DR- #325	
CITY-ST-ZIP	F. WASHINGTON PA 19045-3299	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, T. O'NEAL	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOOREHEAD, C. RICHARD	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	ATHENS, ZACK G	
STREET ADDRESS	11211 TAYLOR DRAPER LANE, STE 325	
CITY-ST-ZIP	AUSTIN TX 78759	
TITLE	P	<input type="checkbox"/> Delete
NAME	MICHAEL, ROBERT A.	
STREET ADDRESS	501 OFFICE CTR DR- #325	
CITY-ST-ZIP	F WASHINGTON PA 19045-3299	

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without other like empowered.

SIGNATURE:

*Zack G. Athens*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zack G. Athens, Chief Financial Officer

4/13/00

Date

Daytime Phone #

CRE034 (9/99)