

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90059 049 ***150.00

DOCUMENT # P10214

1. Entity Name
KEYSTONE STATE LIFE INSURANCE COMPANY

Principal Place of Business
501 OFFICE CENTER DR
STE 325
FT WASHINGTON PA 19034-3299
US

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

2. Principal Place of Business

3. Mailing Address
3075 SANDERS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
H/A

City & State

City & State
NORTHBROOK, IL

Zip

Country

Zip

Country
US

4. FEI Number

23-2088467

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JOHN K JR.	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PINKHAM, MIKE	
STREET ADDRESS	11211 TAYLOR DRAPER LANE, STE 200	
CITY-ST-ZIP	AUSTIN TX 78759	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIRD, DAVID A	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	MOOREHEAD, C. RICHARD	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	CFOD	<input checked="" type="checkbox"/> Delete
NAME	ATHENS, ZACK G	
STREET ADDRESS	11211 TAYLOR DRAPER LANE, STE 325	
CITY-ST-ZIP	AUSTIN TX 78759	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, ROBERT A.	
STREET ADDRESS	501 OFFICE CTR DR- #325	
CITY-ST-ZIP	F WASHINGTON PA 19045-3299	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS J. WILSON, II	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. VELOTTA	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLA G. FRIEDMAN	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN E. SHEBIK	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL H. PILCH	
STREET ADDRESS	3075 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES P. ZILS	
STREET ADDRESS	3075 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	

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.

Lynn Cirrincione

SIGNATURE:

Lynn Cirrincione
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Authorized Representative

4/10/02 (847) 402-3029

Date

Daytime Phone #

CR2E034 (9/01)