

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90237 010 \*\*\*550.00

0131306 AT

**DOCUMENT # 844970**  
 1. Entity Name  
**FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO.**

Principal Place of Business <b>1600 W. 2200 S.          4TH FLOOR          SALT LAKE CITY UT 84119          US</b>	Mailing Address <b>P. O. BOX 27008          SALT LAKE CITY UT 84127-0008          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>87-0364806</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>		
<b>INSURANCE COMMISSIONER                  STATE OF FLORIDA                  CAPITAL BUILDING                  TALLAHASSEE FL 32301</b>		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		<b>FL</b>	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 \_\_\_\_\_ 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 type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IGOE, JOHN A</b> <b>1600 W. 2200 SOUTH</b> <b>SALT LAKE CITY UT 84119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Orrin T. Colby Jr.</b> <b>1600 West 2200 South</b> <b>Salt Lake City, UT 84119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOPHAM, VERL R</b> <b>1600 W. 2200 SOUTH</b> <b>SALT LAKE CITY UT 84119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Lewis T. Stevens</b> <b>1600 West 2200 South</b> <b>Salt Lake City, UT 84119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEBERSEN, STEVEN W</b> <b>1600 W. 2200 SOUTH</b> <b>SALT LAKE CITY UT 84119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>David E Young</b> <b>1600 West 2200 South</b> <b>Salt Lake City, UT 84119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VEED, RICHARD A</b> <b>1600 WEST 2200 SOUTH</b> <b>SALT LAKE CITY UT 84119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Dennis T. Larson</b> <b>1600 W 2200 S</b> <b>S.L.C. UT 84119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:** REQUENIST. Larson **7/9/01** **801-972-7555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)