

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 28 PM 3: 28**

**DOCUMENT # 805763 (0)**

1. Corporation Name  
**THE LIFE INSURANCE CO OF VIRGINIA**

Principal Place of Business <b>6810 W. BROAD ST RICHMOND VA 23230</b>	Mailing Address <b>6810 W. BROAD ST RICHMOND VA 23230</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/18/1944</b>	3a. Date of Last Report <b>02/18/1994</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number <b>54-0283385</b> Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip
30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RUTLEDGE, PAUL EDMUND III	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6810 W BROAD ST	12 NAME	
STREET ADDRESS	RICHMOND VA	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	VD FLOURNOY, SELWYN L, JR.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6810 W BROAD ST	22 NAME	
STREET ADDRESS	RICHMOND VA	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	SD LANAM, LINDA LEE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8201 WEST GREYSTONE CIRCLE	32 NAME	
STREET ADDRESS	RICHMOND VA	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	T OVERMAN, JERRY GREY	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6810 W BROAD ST	42 NAME	
STREET ADDRESS	RICHMOND VA	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Dennis Catanzano* Dennis Catanzano 2-22-95 804-281-6002