

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 814420 (6)**

1. Corporation Name  
**MONTICELLO LIFE INSURANCE COMPANY**

Principal Place of Business: **7130 GLEN FOREST DR MAIL DROP 21C RICHMOND VA 23226 US**

Mailing Address: **7130 GLEN FOREST DR STE 103 RICHMOND VA 23226-3757 US**

2. Principal Place of Business: **21 Richmond, Virginia**

2a. Mailing Address: **26 Same**

22. Suite, Apt. #, etc.

23. City & State

24. Zip Country

25. Country

29. Zip Country

30. Country

3. Date Incorporated or Qualified: **05/19/1960**

3a. Date of Last Report: **03/25/1996**

4. FEI Number: **54-1637426**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

10. Name and Address of New Registered Agent

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 of Registered Agent (required when filing) \_\_\_\_\_ (OFF) Registered Agent (not required when filing) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD SISK, RAYMOND M</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>7130 GLEN FOREST DR. RICHMOND VA 23226</b>	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<b>GCS TULLIDGE, THOMAS H JR.</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>2015 STAPLES MILL ROAD RICHMOND VA</b>	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<b>T SNEAD, THOMAS G JR.</b>	<input type="checkbox"/> DELETE
NAME	<b>2221 EDWARD HOLLAND DR. RICHMOND VA 23230</b>	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<b>D DAVIS, NORWOOD H JR.</b>	<input type="checkbox"/> DELETE
NAME	<b>2015 STAPLES MILL RD. RICHMOND VA 23230</b>	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<b>D COTHRAN, PHYLLIS C</b>	<input type="checkbox"/> DELETE
NAME	<b>2015 STAPLES MILL RD. RICHMOND VA</b>	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Herbert H. Vreeland, Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>7130 Glen Forest Drive</b>	
13 STREET ADDRESS	<b>Richmond, Virginia 23226</b>	
14 CITY - ST - ZIP		
21 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>James Christopher Wiltshire</b>	
23 STREET ADDRESS	<b>2015 Staples Mill Road</b>	
24 CITY - ST - ZIP	<b>Richmond, Virginia 23230</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **Herbert H Vreeland 3/26/97 804-673-5974**

CR2E034 (9/96)