

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90141 047 ***150.00

DOCUMENT # 814420

1. Entity Name

TRIGON HEALTH AND LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

2015 STAPLES MILL RD
 MAIL DROP 02B
 RICHMOND VA 23230
 US

P. O. BOX 27401
 MAIL DROP 02B
 RICHMOND VA 23279-7401
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1637426

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**

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 **PD** Delete
 NAME **SNEAD, THOMAS G JR**
 STREET ADDRESS **2221 EDWARD HOLLAND DR**
 CITY-ST-ZIP **RICHMOND VA 23230**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **WILTSHIRE, JAMES C**
 STREET ADDRESS **2015 STAPLES MILL RD.**
 CITY-ST-ZIP **RICHMOND VA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TCFO** Delete
 NAME **BYRD, THOMAS R**
 STREET ADDRESS **2221 EDWARD HOLLAND DR**
 CITY-ST-ZIP **RICHMOND VA 23230**

TITLE **D/TCFO** Change Addition
 NAME **BYRD, THOMAS R:**
 STREET ADDRESS **2221 EDWARD HOLLAND DRIVE**
 CITY-ST-ZIP **RICHMOND, VA 23230**

TITLE **D** Delete
 NAME **DAVIS, NORWOOD H JR.**
 STREET ADDRESS **2015 STAPLES MILL RD.**
 CITY-ST-ZIP **RICHMOND VA 23230**

TITLE **V** Change Addition
 NAME **BAMBACUS, LINDA G.**
 STREET ADDRESS **602 S. JEFFERSON STREET**
 CITY-ST-ZIP **ROANOKE, VA 24011**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Change Addition
 NAME **HINKEL, JAMES S.**
 STREET ADDRESS **602 S. JEFFERSON STREET**
 CITY-ST-ZIP **ROANOKE, VA 24011**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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:

J. Christopher Wiltshire
J. Christopher Wiltshire
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

(804) 354-7284

Daytime Phone #