

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**  
 02-16-2001 90011 041 \*\*\*150.00

0577830

**DOCUMENT # 814420**

1. Entity Name  
**TRIGON HEALTH AND LIFE INSURANCE COMPANY**

|   |  |
|---|--|
| Principal Place of Business<br>2015 STAPLES MILL RD<br>MAIL DROP 02B<br>RICHMOND VA 23230<br>US | Mailing Address<br>P. O. BOX 27401<br>MAIL DROP 02B<br>RICHMOND VA 23230<br>US |
|---|--|



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>2235 Staples Mill Road</b><br>Suite, Apt. #, etc.<br><b>Mail Drop 74B</b> | 3. Mailing Address<br><b>P.O. Box 27401</b><br>Suite, Apt. #, etc.<br><b>Mail Drop 74 B</b> |
| City & State<br><b>Richmond, VA 23230</b>  | City & State<br><b>Richmond, VA 23230</b>   |
| Zip<br><b>23230</b>  | Country<br><b>USA</b>   |

|  |  |
|--|--|
| 4. FEI Number<br><b>54-1637426</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL**

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br><b>SNEAD, THOMAS G JR</b><br><b>2221 EDWARD HOLLAND DR</b><br><b>RICHMOND VA 23230</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br><b>WILTSHIRE, JAMES C</b><br><b>2015 STAPLES MILL RD.</b><br><b>RICHMOND VA</b> <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DTCF<br><b>BYRD, THOMAS R</b><br><b>2221 EDWARD HOLLAND DR</b><br><b>RICHMOND VA 23230</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br><b>BAMBACUS, LINDA G</b><br><b>602 S JEFFERSON ST</b><br><b>ROANOKE VA 24011</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br><b>HINKEL, JAMES S</b><br><b>602 S JEFFERSON ST</b><br><b>ROANOKE VA 24011</b> <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

**Valuation Actuary**  
**Brian S. Renshaw**  
**2221 Edward Holland Drive**  
**Richmond, VA 23230**

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 **(804) 354-7284**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**J. Christopher Wiltshire, Secretary**

CR2E034 (10/00)