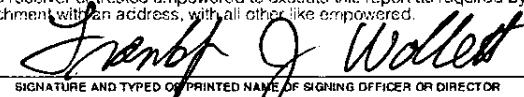


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90013 020 ***150.00

DOCUMENT # F01000001972 1. Entity Name WRL INSURANCE AGENCY, INC.					
Principal Place of Business 570 CARILLON PARKWAY ST. PETERSBURG, FL 33716-1202			Mailing Address 570 CARILLON PARKWAY ST. PETERSBURG, FL 33716-1202		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 42-1517005	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. * (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORIARTY, THOMAS R 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FRANKLYN J. WOLLETT 570 CARILLON PARKWAY ST. PETERSBURG, FL 33716-1202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GEIGER, WILLIAM H 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HARVEY KORFIN 2655 CAMINO DEL RIO N., STE 110 SAN DIEGO, CA 92108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAHL, JEROME C 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CUMMINGS, WILLIAM G 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV ROGERS, DIANE E 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV FORSTER, DOUGLAS R 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  2/6/04 (727) 299-1800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					