


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90389 044 ***150.00

DOCUMENT # 809263 1. Entity Name UNITED HOME LIFE INSURANCE COMPANY	
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Principal Place of Business 225 S. EAST STREET INDIANAPOLIS, IN 46202	Mailing Address P.O. BOX 7192 INDIANAPOLIS, IN 46207-7192
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40051831



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122006 Chg-P CR2E034 (11/05)

4. FEI Number 35-0841899	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 VILLWOCK, DONALD B 15810 E. SR 358 EDWARDSPO, IN 47528 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV CANADA, J. JERRY 2747 WOODWIND WAY INDIANAPOLIS, IN 46268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DALE E RT. 1, BOX 71A SHOALS, IN 47581 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIDLER, SHERYL L 1377 W. STOCKYARD ROAD WINCHESTER, IN 47394 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSHERT, KERRY J 7132 S. 1300 W MENTONE, IN 46539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERROLD, ROBERT C 7306 S. SR 17 KEWANNA, IN 46939 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lynn B. Jongleux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2006 317-692-7503
Date Daytime Phone #

Lynn B. Jongleux, Secretary

ADDITIONAL DIRECTORS AND OFFICERS

ATTACHMENT 40051831
#809263

UNITED HOME LIFE INSURANCE COMPANY

VS

Lynn B. Jongleux
7792 Holliday Drive East
Indianapolis, IN 46260

D

Randall C.W. Kron
17425 Owensville Road
Evansville, IN 47720

D

Robert L. Schickel
6950 Corydon Ridge Rd. NE
Lanesville, IN 47136

DVT

Joseph A. Martin
2640 Old State Rd. 37N
Martinsville, IN 46151

V

Carl L. Shepherd
10748 Royal Drive
Carmel, IN 46032