


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90136 027 ***150.00

DOCUMENT # 809263 1. Entity Name UNITED HOME LIFE INSURANCE COMPANY					
Principal Place of Business 225 S. EAST STREET INDIANAPOLIS, IN 46202			Mailing Address P.O. BOX 7192 INDIANAPOLIS, IN 46207-7192		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 35-0841899			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			03212007 Chg-P CR2E034 (12/06)		
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	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 EDWARDSPORT, IN 47528	<input type="checkbox"/> Delete			
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	D BACON, MARK E 3175 W 1050 S MILROY, IN 46156	<input type="checkbox"/> Delete			
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	D GOSHERT, KERRY J 7132 S. 1300 W MENTONE, IN 46539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERROLD, ROBERT C 7306 S. SR 17 KEWANNA, IN 46939	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jernas, Larry J. 0200 E. 400N Knox, IN 46534-9445	<input type="checkbox"/> Change <input checked="" 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: <i>Lynn B. Jangleux</i>		<i>Lynn B. Jangleux</i>		3/23/2007 317-692-7503	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

ADDITIONAL DIRECTORS AND OFFICERS

40045698
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