

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90065 014 ***150.00

40061887



04022008 Chg-P CR2E034 (12/06)

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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 35-0841899	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 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 BACON, MARK E 3175 W 1050 S MILROY, IN 46156 <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 FIDLER, SHERYL L 1377 W. STOCKYARD ROAD WINCHESTER, IN 47394 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maple, Steven A. 312 E. State Road 18 Kokomo, IN 46901-7541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSHERT, KERRY J 7132 S. 1300 W MENTONE, IN 46539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Trennepohl, Scott T. 9268 N. Rainer Road Middleton, IN 47356 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERNAS, LARRY J 0200 E. 400N KNOX, IN 465349445 <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: <u>Lynn B. Jongleux</u>			4/2/2008 317-692-7503		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lynn B. Jongleux, Senior Vice President, General Counsel and Secretary					

ATTACHMENT 40061887
#809263

ADDITIONAL DIRECTORS AND OFFICERS

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