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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:58

DOCUMENT # **813145** **(0)**

1. Corporation Name

FEDERAL HOME LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2346 S. LYNHURST DR STE D-201 INDIANAPOLIS IN 46241 US	6277 SEA HARBOR DR 5TH FLR C/O CORPORATE TAX INSURANCE COMPANY ORLANDO FL 32887 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1958**
3a. Date of Last Report: **03/11/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24):
Country (25):
Zip (29):
Country (30):

4. FEI Number: **35-0576390** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCCE COMMISSIONER
DEPARTMENT OF INSURANCE
200 E GAINES ST LARSON BLDG
ORLANDO FL 32887

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE		☐ Change ☐ Addition
NAME	DOTY, TERRY L	12 NAME		
STREET ADDRESS	6277 SEA HARBOR DR	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	Chairman & CEO	☒ Change ☐ Addition
NAME	DAWSON, FREDERICK M	22 NAME	Patrick E. Welch	
STREET ADDRESS	6277 SEA HARBOR DR.	23 STREET ADDRESS	601 Union Street	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Seattle WA 98101-2336	
TITLE	V	31 TITLE	President	☒ Change ☐ Addition
NAME	LARSON, RICHARD K.	32 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	HUGUNIN, JEFFREY I.	42 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	VS	51 TITLE		☐ Change ☐ Addition
NAME	WORTMAN, BETH	52 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE	Senior Vice President	☒ Change ☐ Addition
NAME	MILLER, CHARLES E. J	62 NAME	Allan C Germain	
STREET ADDRESS	6277 SEA HARBOR DR	63 STREET ADDRESS	6277 Sea Harbor Drive	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	Orlando FL 32887	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terry L Doty 03/30/95 (407) 345-2368
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DESIGNEE — Date — Daytime Phone #
Terry L. Doty

0497100 FN