

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90014 021 ***150.00

DOCUMENT # 813145

1. Corporation Name
FEDERAL HOME LIFE INSURANCE COMPANY

Principal Place of Business
ATTN: ACCOUNTS PAYABLE
610 CRESCENT EXECUTIVE COURT, STE 400
LAKE MARY FL 32795-6000

Mailing Address
P.O. BOX 956000
LAKE MARY FL 32795-6000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1958

2. Principal Place of Business
21 6604 West Broad Street

2a. Mailing Address
26 6604 West Broad Street

4. FEI Number
35-0576390

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 ATTN: Statutory Reporting

27

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

City & State

23 Richmond, VA

28 Richmond, VA

Zip Country
24 23230 25 USA

Zip Country
29 23230 30 USA

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
DEPARTMENT OF INSURANCE
200 E GAINES ST LARSON BLDG
TALLAHASSEE FL 32399

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE
NAME DOTY, TERRY L
STREET ADDRESS 6277 SEA HARBOR DR
CITY-ST-ZIP ORLANDO FL

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Leon E. Roday
1.3 STREET ADDRESS 6604 W. Broad Street
1.4 CITY-ST-ZIP Richmond, VA 23230

TITLE AP ☒ DELETE
NAME JOYCE, STEPHEN P
STREET ADDRESS 601 UNION STREET
CITY-ST-ZIP SEATTLE WA

2.1 TITLE V/S/Asst. Cnsl ☐ Change ☒ Addition
2.2 NAME David H. McMahon
2.3 STREET ADDRESS 700 Main Street
2.4 CITY-ST-ZIP Lynchburg, VA 24504

TITLE P ☒ DELETE
NAME LARSON, RICHARD K.
STREET ADDRESS 6277 SEA HARBOR DR.
CITY-ST-ZIP ORLANDO FL

3.1 TITLE SRV ☐ Change ☒ Addition
3.2 NAME Andrew J. Larsen
3.3 STREET ADDRESS 700 Main Street
3.4 CITY-ST-ZIP Lynchburg, VA 24504

TITLE VT ☐ DELETE
NAME HUGUNIN, JEFFREY I.
STREET ADDRESS 601 UNION ST
CITY-ST-ZIP SEATTLE WA 98101

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 6604 W. Broad Street
4.4 CITY-ST-ZIP Richmond, VA 23230

TITLE VS ☐ DELETE
NAME WORTMAN, BETH
STREET ADDRESS 6277 SEA HARBOR DR.
CITY-ST-ZIP ORLANDO FL

5.1 TITLE SRV/Asst. Cnsl/Asst. S ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 6604 W. Broad Street
5.4 CITY-ST-ZIP Richmond, VA 23230

TITLE SRVP ☐ DELETE
NAME STIFF, GEOFFREY S
STREET ADDRESS 601 UNION ST
CITY-ST-ZIP SEATTLE WA 98101

6.1 TITLE D ☒ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS 6610 W. Broad Street
6.4 CITY-ST-ZIP Richmond, VA 23230

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

David H. McMahon (David H. McMahon)

4/21/99

(804) 948-5334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0089966