

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813145

1. Entity Name

FEDERAL HOME LIFE INSURANCE COMPANY

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90128 043 ***150.00

Principal Place of Business

Mailing Address

6604 WEST BROAD STREET
ATTN: STATUTORY REPORTING
RICHMOND VA 23230
US

6604 WEST BROAD STREET
RICHMOND VA 23230
US

2. Principal Place of Business

700 Main Street

3. Mailing Address

700 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lynchburg, VA

City & State

Lynchburg, VA

Zip

24504

Country

USA

Zip

24504

Country

USA

4. FEI Number

35-0576390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODAY, LEON E	
STREET ADDRESS	6604 W BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	VSAC	<input type="checkbox"/> Delete
NAME	MCMAHON, DAVID H	
STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	LYNCHBURG VA 24504	
TITLE	SRV	<input type="checkbox"/> Delete
NAME	LARSEN, ANDREW J	
STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	LYNCHBURG VA 24504	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRIZZIA, GARY T	
STREET ADDRESS	6620 W. BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	SRV	<input type="checkbox"/> Delete
NAME	WORTMAN, BETH	
STREET ADDRESS	6604 W BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	ACAS	<input checked="" type="checkbox"/> Delete
NAME	WORTMAN, BETH	
STREET ADDRESS	6604 W BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23230	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DSRV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SRVAC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 Main Street	
CITY-ST-ZIP	Lynchburg, VA 24504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David H. McMahon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David H. McMahon

1/19/01
Date

Daytime Phone #

CR2E034 (1/0/00)