

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90090 017 ***550.00

DOCUMENT # 813145

1. Entity Name
FEDERAL HOME LIFE INSURANCE COMPANY

Principal Place of Business

**700 MAIN STREET
 LYNCHBURG VA 24504
 US**

Mailing Address

**700 MAIN STREET
 LYNCHBURG VA 24504
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6620 W. Broad St.

Suite, Apt. #, etc.

Law Dept.

City & State

Richmond, VA

Zip

23230

Country

US

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **RODAY, LEON E**
 CITY-ST-ZIP **6604 W BROAD STREET**
RICHMOND VA 23230

TITLE ☐ Delete
 NAME **VSAC**
 STREET ADDRESS **MCMAHON, DAVID H**
 CITY-ST-ZIP **700 MAIN STREET**
LYNCHBURG VA 24504

TITLE ☐ Delete
 NAME **DSRV**
 STREET ADDRESS **LARSEN, ANDREW J**
 CITY-ST-ZIP **700 MAIN STREET**
LYNCHBURG VA 24504

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **PRIZZIA, GARY T**
 CITY-ST-ZIP **6620 W. BROAD STREET**
RICHMOND VA 23230

TITLE ☐ Delete
 NAME **SRVA**
 STREET ADDRESS **WORTMAN, BETH**
 CITY-ST-ZIP **700 MAIN STREET**
LYNCHBURG VA 24504

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **Theresa A. Myers**
 CITY-ST-ZIP **6620 W. Broad St.**
Richmond, VA 23230

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6620 W. Broad St.**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/02 (804) 662-2695

Date

Daytime Phone #

CR2E034 (4/02)