

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813145

FILED
Apr 10, 2006
Secretary of State

Entity Name: FEDERAL HOME LIFE INSURANCE COMPANY

Current Principal Place of Business:

700 MAIN STREET
LYNCHBURG, VA 24504 US

New Principal Place of Business:

Current Mailing Address:

6620 W BROAD ST
LAW DEPT
RICHMOND, VA 23230 US

New Mailing Address:

FEI Number: 35-0576390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
DEPARTMENT OF INSURANCE
200 E. GAINES ST LARSON BLDG
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RODAY, LEON E
Address: 6620 W BROAD ST, BLDG. 1
City-St-Zip: RICHMOND, VA 23230 US

Title: VSAC () Delete
Name: MCMAHON, DAVID H
Address: 700 MAIN STREET
City-St-Zip: LYNCHBURG, VA 24504 US

Title: DEV () Delete
Name: ZIPPEL, GEORGE R
Address: 700 MAIN STREET
City-St-Zip: LYNCHBURG, VA 24504 US

Title: T () Delete
Name: PRIZZIA, GARY T
Address: 6620 W BROAD STREET, BLDG. 1
City-St-Zip: RICHMOND, VA 23230 US

Title: D () Delete
Name: FRAIZER, MICHAEL D
Address: 6620 W BROAD ST, BLDG. 1
City-St-Zip: RICHMOND, VA 23230 US

Title: AS () Delete
Name: MYERS, THERESA A
Address: 6620 W BROAD ST, BLDG. 1
City-St-Zip: RICHMOND, VA 23230 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: MCMAHON, DAVID H
Address: 700 MAIN STREET
City-St-Zip: LYNCHBURG, VA 24504 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DEV (X) Change () Addition
Name: GOINGS, WILLIAM C
Address: 700 MAIN STREET
City-St-Zip: LYNCHBURG, VA 24504 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA A. MYERS

AS

04/10/2006

Electronic Signature of Signing Officer or Director

Date