**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **814420** **(6)**

1. Corporate Name
**MONTICELLO LIFE INSURANCE COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 7130 GLEN FOREST DR<br>MAIL DROP 21C<br>RICHMOND VA 23226<br>US | 7130 GLEN FOREST DR<br>STE 100<br>RICHMOND VA 23226<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/19/1960**
3a. Date of Last Report: **03/29/1994**

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) | County (25) | Zip (29) | County (30)

4. FEI Number: **54-1637426** — 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. 199.042 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER**
**THE CAPITOL**
**TALLAHASSEE FL**

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 Section 607.1505, 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

| 12. OFFICERS AND/OR DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS |
|---|---|---|
| TYPE | PD | ☐ Change ☐ Addition |
| NAME | SISK, RAYMOND M | |
| STREET ADDRESS | 7130 GLEN FOREST DR. | |
| CITY ST ZIP | RICHMONDLD VA 23226 | |
| TYPE | S | ☐ Change ☐ Addition |
| NAME | MARTENSTEIN, THOMAS E | |
| STREET ADDRESS | 2015 STAPLES MILL RD. | |
| CITY ST ZIP | RICHMOND VA 23230 | |
| TYPE | T | ☐ Change ☐ Addition |
| NAME | SNEAD, THOMAS G JR. | |
| STREET ADDRESS | 2221 EDWARD HOLLAND DR. | |
| CITY ST ZIP | RICHMOND VA 23230 | |
| TYPE | D | ☐ Change ☐ Addition |
| NAME | DAVIS, NORWOOD H JR. | |
| STREET ADDRESS | 2015 STAPLES MILL RD. | |
| CITY ST ZIP | RICHMOND VA 23230 | |
| TYPE | D | ☐ Change ☐ Addition |
| NAME | COTHRAN, PHYLLIS C | |
| STREET ADDRESS | 2015 STAPLES MILL RD. | |
| CITY ST ZIP | RICHMOND VA | |
| TYPE | D | ☐ Change ☐ Addition |
| NAME | BERRY, JOHN C | |
| STREET ADDRESS | 602 S. JEFFERSON ST. | |
| CITY ST ZIP | ROANOKE VA 24011 | |

14. I (we) hereby certify that the information supplied with this filing is accurately transcribed 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 attached sheet, with an address.

**SIGNATURE:** Gary Fred Patterson, Chief Financial Officer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/27/95 (Date) 804-673-5972 (Area Code & Daytime Phone Number)

0477442 FP