FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 814420 (6)

1. Corporation Name
MONTICELLO LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
7130 GLEN FOREST DR MAIL DROP 21C RICHMOND VA 23226 US	7130 GLEN FOREST DR STE 103 RICHMOND VA 23226 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/19/1960
3a. Date of Last Report: 05/01/1995
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. 199.032, 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 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

TITLE	PD	☐ DELETE
NAME	SISK, RAYMOND M	
STREET ADDRESS	7130 GLEN FOREST DR.	
CITY-ST-ZIP	RICHMONDLD VA 23226	
TITLE	S	☒ DELETE
NAME	MARTENSTEIN, THOMAS E	
STREET ADDRESS	2015 STAPLES MILL RD.	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	T	☐ DELETE
NAME	SNEAD, THOMAS G JR.	
STREET ADDRESS	2221 EDWARD HOLLAND DR.	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	D	☐ DELETE
NAME	DAVIS, NORWOOD H JR.	
STREET ADDRESS	2015 STAPLES MILL RD.	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	D	☐ DELETE
NAME	COTHRAN, PHYLLIS C	
STREET ADDRESS	2015 STAPLES MILL RD.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	☒ DELETE
NAME	BERRY, JOHN C	
STREET ADDRESS	602 S. JEFFERSON ST.	
CITY-ST-ZIP	ROANOKE VA 24011	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Thomas H. Tullidge, Jr.	☐ Change ☒ Addition
2.2 NAME	General Counsel/Secretary	
2.3 STREET ADDRESS	2015 Staples Mill Road	
2.4 CITY-ST-ZIP	Richmond, VA 23230	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 3/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)