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FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1960

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 2015 Staples Mill Road

2a. Mailing Address

26 2015 Staples Mill Road

Suite, Apt. #, etc.

22 Mail Drop 02B

Suite, Apt. #, etc.

27 Mail Drop 02B

City & State

23 Richmond, VA

City & State

28 Richmond, VA

Zip

24 23230

Country

25 Henrico

Zip

29 23230

Country

30 Henrico

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME VREELAND, HERBERT H  
STREET ADDRESS 7130 GLEN FOREST DRIVE  
CITY-ST-ZIP RICHMOND VA  
☒ DELETE

TITLE S  
NAME WILTSHIRE, JAMES C  
STREET ADDRESS 2015 STAPLES MILL RD.  
CITY-ST-ZIP RICHMOND VA  
☐ DELETE

TITLE T  
NAME SNEAD, THOMAS G JR.  
STREET ADDRESS 2221 EDWARD HOLLAND DR.  
CITY-ST-ZIP RICHMOND VA 23230  
☒ DELETE

TITLE D  
NAME DAVIS, NORWOOD H JR.  
STREET ADDRESS 2015 STAPLES MILL RD.  
CITY-ST-ZIP RICHMOND VA 23230  
☐ DELETE

TITLE D  
NAME COTHMAN, PHYLLIS C  
STREET ADDRESS 2015 STAPLES MILL RD.  
CITY-ST-ZIP RICHMOND VA  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

1.1 TITLE D  
1.2 NAME SNEAD, THOMAS G JR.  
1.3 STREET ADDRESS 2221 EDWARD HOLLAND DRIVE  
1.4 CITY-ST-ZIP RICHMOND, VA  
☒ Change ☐ Addition

2.1 TITLE Treasurer & CFO  
2.2 NAME Byrd, Thomas R.  
2.3 STREET ADDRESS 2221 EDWARD HOLLAND DRIVE  
2.4 CITY-ST-ZIP RICHMOND, VA  
☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. 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 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.

Christopher Waltham, Secretary

CR2E034 (10/97)

**Trigon Health and Life Insurance Company**  
**(formerly known as Monticello Life Insurance Company)**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS**  
**(to supplement 1998 Annual Report changes also attached):**

John C. Berry Senior Vice President Government and Individual Business Center 602 S. Jefferson St. Roanoke, VA 24011
Joseph K. Burns Senior Vice President 7130 Glen Forest Drive Richmond, VA 23226
Linda G. Bambacus Vice President Government and Individual Business Center 602 S. Jefferson St. Roanoke, VA 24011
Graham B. Blanton Vice President Mid-South Insurance Company 4317 Ramsey Street Fayetteville, NC 28311
Terrence E. Burke Vice President Government and Individual Business Center 602 S. Jefferson St. Roanoke, VA 24011
Laten L. Creech Vice President Mid-South Insurance Company 4317 Ramsey Street Fayetteville, NC 28311
Mark A. Wysong Vice President 7130 Glen Forest Drive Richmond, VA 23226

<b>Randy L. Starns, Sr.</b> <b>Vice President</b> <b>Government and Individual Business</b> <b>602 S. Jefferson Street</b> <b>Roanoke, VA. 24011</b>
<b>Peter L. Perkins</b> <b>Actuary</b> <b>2221 Edward Holland Drive</b> <b>Richmond, VA. 23230</b>

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**NAME CHANGE FROM  
MONTICELLO LIFE INSURANCE COMPANY  
TO  
TRIGON HEALTH AND LIFE INSURANCE COMPANY**

**ADDRESS INFORMATION:**

**Main Administrative Address & Principal Place of Business**

2015 Staples Mill Road  
Richmond, VA. 23230

**Primary Location for Records**

Holland Park I  
2221 Edward Holland Drive  
Richmond, VA. 23230

**Correspondence**

2015 Staples Mill Road  
P.O. Box 27401  
Mail Drop 02B  
23279  
Richmond, Virginia 23230  
804-354-7283  
Fax 804-354-7281

**Correspondence (Compliance)**

2015 Staples Mill Road  
P.O. Box 27401  
Mail Drop 24A  
23279  
Richmond, Virginia 23230  
804-354-7283  
Fax 804-354-7281

**Statutory Address**

2015 Staples Mill Road  
P.O. Box 27401  
23279  
Richmond, Virginia  
23230