

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90158 032 \*\*\*150.00

DOCUMENT # 814420

1. Corporation Name

TRIGON HEALTH AND LIFE INSURANCE COMPANY

Principal Place of Business

2015 STAPLES MILL RD  
MAIL DROP 02B  
RICHMOND VA 23230  
US

Mailing Address

2015 STAPLES MILL RD  
MAIL DROP 02B  
RICHMOND VA 23230  
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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 P. O. Box 27401

Suite, Apt. #, etc.

27 Mail Drop 02B

City & State

28 Richmond, VA

Zip Country

29 23279

30

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 D ☐ DELETE

NAME SNEAD, THOMAS G JR  
STREET ADDRESS 2221 EDWARD HOLLAND DR  
CITY-ST-ZIP RICHMOND VA

TITLE S ☐ DELETE

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

TITLE TCFO ☐ DELETE

NAME BYRD, THOMAS R  
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 ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME SNEAD, THOMAS G., JR.  
1.3 STREET ADDRESS 2221 EDWARD HOLLAND DRIVE  
1.4 CITY-ST-ZIP RICHMOND, VA 23230

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: J. Christopher Wiltshire, Secretary  
Signature and Typed or Printed Name of Signing Officer or Director

4/12/99  
Date

(804) 354-7284  
Daytime Phone #

CR2E034 (11/98)



8144 20  
389807-90158-32

### ADDITIONAL OFFICERS

**Title:** V  
**Name:** BAMBACUS, LINDA G.  
**Street Address:** 602 S. JEFFERSON STREET  
**City, State, Zip:** ROANOKE, VA 24011

**Title:** V  
**Name:** BLANTON, GRAHAM B.  
**Street Address:** 4317 RAMSEY STREET  
**City, State, Zip:** FAYETTEVILLE, NC 28311

**Title:** V  
**Name:** BURKE, TERRENCE E.  
**Street Address:** 602 S. JEFFERSON STREET  
**City, State, Zip:** ROANOKE, VA 24011

**Title:** V  
**Name:** HINKEL, JAMES S.  
**Street Address:** 602 S. JEFFERSON STREET  
**City, State, Zip:** ROANOKE, VA 24011