

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814420

1. Entity Name

TRIGON HEALTH AND LIFE INSURANCE COMPANY

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90141 047 ***150.00

Principal Place of Business	Mailing Address
2015 STAPLES MILL RD MAIL DROP 02B RICHMOND VA 23230 US	P. O. BOX 27401 MAIL DROP 02B RICHMOND VA 23279-7401 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	54-1637426	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNEAD, THOMAS G JR	NAME	
STREET ADDRESS	2221 EDWARD HOLLAND DR	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23230	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILTSHIRE, JAMES C	NAME	
STREET ADDRESS	2015 STAPLES MILL RD.	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	CITY-ST-ZIP	
TITLE	TCFO <input type="checkbox"/> Delete	TITLE	D/TCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, THOMAS R	NAME	BYRD, THOMAS R.
STREET ADDRESS	2221 EDWARD HOLLAND DR	STREET ADDRESS	2221 EDWARD HOLLAND DRIVE
CITY-ST-ZIP	RICHMOND VA 23230	CITY-ST-ZIP	RICHMOND, VA 23230
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, NORWOOD H JR.	NAME	BAMBACUS, LINDA G.
STREET ADDRESS	2015 STAPLES MILL RD.	STREET ADDRESS	602 S. JEFFERSON STREET
CITY-ST-ZIP	RICHMOND VA 23230	CITY-ST-ZIP	ROANOKE, VA 24011
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	HINKEL, JAMES S.
STREET ADDRESS		STREET ADDRESS	602 S. JEFFERSON STREET
CITY-ST-ZIP		CITY-ST-ZIP	ROANOKE, VA 24011
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Christopher Wiltshire J. Christopher Wiltshire 4/7/00 (804) 354-7284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #