

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 818349 (3)

1. Corporation Name

FIRST COLONY LIFE INSURANCE COMPANY



Principal Place of Business

700 MAIN STREET
LYNCHBURG VA 24504

Mailing Address

700 MAIN STREET
LYNCHBURG VA 24504

3. Date Incorporated or Qualified

12/10/1964

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

54-0596414

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE

NAME MILLER, DIANE M.
STREET ADDRESS 700 MAIN STREET
CITY-ST-ZIP LYNCHBURG VA

TITLE PD ☐ DELETE

NAME DOLAN, RONALD V.
STREET ADDRESS 700 MAIN STREET
CITY-ST-ZIP LYNCHBURG VA

TITLE DVP ☐ DELETE

NAME KARRAS, PETER W.
STREET ADDRESS 700 MAIN STREET
CITY-ST-ZIP LYNCHBURG VA

TITLE D ☐ DELETE

NAME FITZPATRICK, PATRICK D.
STREET ADDRESS 700 MAIN STREET
CITY-ST-ZIP LYNCHBURG VA

TITLE DVP ☐ DELETE

NAME BRITTON, DONALD W.
STREET ADDRESS 700 MAIN STREET
CITY-ST-ZIP LYNCHBURG VA

TITLE VP ☒ DELETE

NAME BUTLER, J. ALDEN
STREET ADDRESS 700 MAIN STREET
CITY-ST-ZIP LYNCHBURG VA

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 ☐ 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

VP
LARSEN, ANDREW J.
700 MAIN STREET
LYNCHBURG VA

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: Diane M. Miller

Diane M. Miller April 29, 1996 (804) 845-0911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)