


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

FILED

May 15 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 24504-1412 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | 3. Date Incorporated or Qualified 12/10/1964 3a. Date of Last Report 05/01/1996 4. FEI Number 54-0596414 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | 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 _____ DATE _____ <small>Signature and typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE AS <input type="checkbox"/> DELETE NAME MILLER, DIANE M. STREET ADDRESS 700 MAIN STREET CITY-STATE-ZIP LYNCHBURG VA | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP | | |
| TITLE PD <input type="checkbox"/> DELETE NAME DOLAN, RONALD V. STREET ADDRESS 700 MAIN STREET CITY-STATE-ZIP LYNCHBURG VA | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP | | |
| TITLE DVP <input type="checkbox"/> DELETE NAME KARRAS, PETER W. STREET ADDRESS 700 MAIN STREET CITY-STATE-ZIP LYNCHBURG VA | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP | | |
| TITLE D <input checked="" type="checkbox"/> DELETE NAME FITZPATRICK, PATRICK D. STREET ADDRESS 700 MAIN STREET CITY-STATE-ZIP LYNCHBURG VA | | | 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME DVP 4.3 STREET ADDRESS Stiff, Geoffrey S. 4.4 CITY-STATE-ZIP 700 Main Street Lynchburg VA 24504 | | |
| TITLE DVP <input type="checkbox"/> DELETE NAME BRITTON, DONALD W. STREET ADDRESS 700 MAIN STREET CITY-STATE-ZIP LYNCHBURG VA | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP | | |
| TITLE VP <input type="checkbox"/> DELETE NAME LARSEN, ANDREW J. STREET ADDRESS 700 MAIN STREET CITY-STATE-ZIP LYNCHBURG VA | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP | | |

14. I do 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.

SIGNATURE: Diane M. Miller **Diane M. Miller** **April 29, 1997** (804) 845-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone