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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 818349

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1964

4. FEI Number

54-0596414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

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

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

TITLE VP
NAME BLANKS, T A
STREET ADDRESS 700 MAIN STREET
CITY-ST-ZIP LYNCHBURG VA ☒ DELETE

TITLE DVP
NAME STIFF, GEOFFREY S
STREET ADDRESS 700 MAIN ST
CITY-ST-ZIP LYNCHBURG VA ☐ DELETE

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

TITLE VPD
NAME LARSEN, ANDREW J.
STREET ADDRESS 700 MAIN STREET
CITY-ST-ZIP LYNCHBURG VA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/S/Asst. Cnsr ☐ Change ☒ Addition
1.2 NAME David H. McMahon
1.3 STREET ADDRESS 700 Main Street
1.4 CITY-ST-ZIP Lynchburg, VA 24504

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V/T ☐ Change ☒ Addition
3.2 NAME Sandra W. Tucker
3.3 STREET ADDRESS 700 Main Street
3.4 CITY-ST-ZIP Lynchburg, VA 24504

4.1 TITLE D/SVP ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 6610 W. Broad Street
4.4 CITY-ST-ZIP Richmond, VA 23230

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

6.1 TITLE D/Exec. VP /Acting President ☒ 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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(David H. McMahon)

Date

(804) 948-5334

Daytime Phone #

CR2E034 (11/98)