

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818349

1. Entity Name

FIRST COLONY LIFE INSURANCE COMPANY

FILED

00 FEB 28 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

700 MAIN STREET
LYNCHBURG VA 24504

Mailing Address

700 MAIN STREET
LYNCHBURG VA 24504-1412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-0596414

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSAC	<input type="checkbox"/> Delete
NAME	MCMAHON, DAVID H	
STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	LYNCHBURG VA 24504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, RONALD V.	
STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	LYNCHBURG VA	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TUCKER, SANDRA W	
STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	LYNCHBURG VA 24504	
TITLE	DSVP	<input checked="" type="checkbox"/> Delete
NAME	STIFF, GEOFFREY S	
STREET ADDRESS	6610 W BROAD STREET	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LARSEN, ANDREW J.	
STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	LYNCHBURG VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900003163249-1	
STREET ADDRESS	-03/09/00--01030--001	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George R. Zippel	
STREET ADDRESS	700 Main Street	
CITY-ST-ZIP	Lynchburg, VA 24504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DSVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas W. Casey	
STREET ADDRESS	6604 W. Broad Street	
CITY-ST-ZIP	Richmond, VA 23230	
TITLE	DExecVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DSVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leon E. Roday	
STREET ADDRESS	6604 W. Broad Street	
CITY-ST-ZIP	Richmond, VA 23230	

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:

David H. McMahon

David H. McMahon

2/25/00

(804) 948-5334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)