2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#818349

FILED Feb 17, 2004 Secretary of State

Entity Name: FIRST COLONY LIFE INSURANCE COMPANY

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
700 MAIN LYNCHBU	STREET IRG, VA 2450	4				
Current Mailing Address:			New Mail	New Mailing Address:		
6620 W BF LAW DEP RICHMON						
FEI Number:	: 54-0596414	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status De	sired ()	
Name and	Address of (Current Registered Agent:	Name an	d Address of New Registered Ager	ıt:	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US			DEPARTI 200 E. GA	INSURANCE COMMISSIONER DEPARTMENT OF INSURANCE 200 E. GAINES ST TALLAHASSEE, FL 323990000 US		
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing	its registered office or registered age	nt, or both,	
SIGNATU	RE: NO CHA	NGE; MAKING CORRECTIO	NS	02/17/2004		
	Electro	nic Signature of Registered A	gent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	:TORS:	ADDITIO	NS/CHANGES TO OFFICERS AND	DIRECTO	
Title:			Title:	() Change () Addition	J(2010)	
Name: Name: Address: City-St-Zip:	MCMAHON, DA 700 MAIN STR LYNCHBURG,	EET	Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DP (ZIPPEL, GEOF 700 MAIN STR LYNCHBURG,	EET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PRIZZIA, GAR	ROAD STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	AS (MYERS, TERE 6620 W BROA RICHMOND, V	D ST	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition MYERS, THERESA A 6620 W BROAD ST RICHMOND, VA 23230		
Title: Name: Address: City-St-Zip:) Delete REW J. EET	Title: Name: Address: City-St-Zip:	DEV (X) Change () Addition ATKINS, JAMES D 700 MAIN STREET LYNCHBURG, VA 24504		
Title: Name:	DSVP (RODAY, LEON) Delete	Title: Name:	DSV (X) Change () Addition RODAY, LEON E		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA A MYERS AS 02/17/2004