

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90149 009 ***150.00

DOCUMENT # 832511

1. Corporation Name

VETERANS LIFE INSURANCE COMPANY

Principal Place of Business

20 MOORES ROAD
FRAZER PA 19355

Mailing Address

20 MOORES ROAD
FRAZER PA 19355

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1965

4. FEI Number

36-2545774

Applied For

No: 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

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.

(NO "E" Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE
NAME ENO, REX B
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-STATE-ZIP CEDAR RAPIDS IA 52499

TITLE SVP ☐ DELETE
NAME BIEMER, EDWARD A
STREET ADDRESS 20 MOORES RD
CITY-STATE-ZIP FRAZER PA 19355

TITLE T ☐ DELETE
NAME MCCONNELL, MARTHA A
STREET ADDRESS 20 MOORES ROAD
CITY-STATE-ZIP FRAZER PA 19355

TITLE VDS ☒ DELETE
NAME MARTIN, SUSAN E
STREET ADDRESS 20 MOORES ROAD
CITY-STATE-ZIP FRAZER PA 19355

TITLE SVP ☒ DELETE
NAME BOWIE, THOMAS P
STREET ADDRESS 20 MOORES ROAD
CITY-STATE-ZIP FRAZER PA 19355

TITLE D ☐ DELETE
NAME CARP, MARILYN
STREET ADDRESS 1111 N CHARLES ST
CITY-STATE-ZIP BALTIMORE MD 21202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME D/S
4.3 STREET ADDRESS Craig D. Vermie
4.4 CITY-STATE-ZIP 4333 Edgewood Road NE
Cedar Rapids, IA 52499

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME D/VP
5.3 STREET ADDRESS Brenda K. Clancy
5.4 CITY-STATE-ZIP 4333 Edgewood Road NE
Cedar Rapids, IA 52499

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Vermie, Secretary

4/26/99

(319) 398-8511

Date

Daytime Phone #

CR2E034 (11/98)