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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 832511

1. Corporation Name

Zip Country Zip Country Zip Country Be. This carporation owes the current year Intangible Person all Property Tax.	VETERANS LIFE INSURANCE COMPANY								
Principal Flace of Business Mailing Address Mailing Address Mailing Address ModRES RADD RAZER PA 19355 RADE RAZER PA 19355 RAZER									
FRAZER PA 19355 Administration of Change Control of Change Chan	Principal Flace	of Business	Mailing Address		_			#11 010 11 010 11 01011	U1811 SIBII (UBI
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Princip is Place of Business 2a Mailing Address 2a 36-2545774							· ·		
Solite, Apt. #, etc.	3 Principal Pl	oco of Pusiners	2a Mailing Address						p slied For
Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc.	`	ace of busiliess	⊢ ¬					├	<u>- </u>
City & State City & Country City & C		#. etc.						\$8.75	<i>F</i> dditional
City & State City & State City		.,,	27				5. Certificate of Status Desired	Fee R	e quired
Trust - und Controllation Country Zip Country State composation were the current year Intanglible Personal Property Tax. State Composation were the current year Intanglible Personal Property Tax. State Country State Co		9					6. Election Campaign Financing	\$5.00	May Be
9. Name and Address of Current Registered Agent 10. Name and Address of New Register-I Agent 11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Stat ites, the above-named current for the purpose of changing its registered office or registered agent, or both, in the State of Florida Stat ites, the above-named current for the purpose of changing its registered office or registered agent, or both, in the State of Florida Stat ites, the above-named current for the purpose of changing its registered office or registered agent, or both, in the State of Florida Stat ites, the above-named current for the purpose of changing its registered office or registered agent, or both, in the State of Florida Stat ites, the above-named current for the purpose of changing its registered office or registered agent, and familiar with, and accept the obligations of, Section 607.0505, Fords Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE 15. TITL	23		28				Trust Fund Contribution	Added	to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Register-)d Agent 11. Pursus and to the provisions of Sections 607.050 2 and 607.1508. Florida Stati rites, the above-named currention submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits is statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both of Florida. Such change was authorized by the corporation's bo	Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		—
INSURANCE COMMISSIONER	24			30					_ No
INSURANCE COMMISSIONER CAPITOL BLIDG TALLAHASSEE FL 32301 82 Street A 3dress (P.O. Bio (Number is Not Acceptable) 83		9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	ed Agent	
CAPITOL BLDG TALLAHASSEE FL 323011 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City Code 83 City Code 84 City FL 85 Zip Code 85 Zip Code 86 City Code 86 City Code 87 City Code 88 City Code 89 City Code 89 City Code 80 City Code 81 City Code 81 City Code 82 City Code 83 City Code 84 City Code 85 City Code 86 City Code 86 City Code 87 City Code 88 City Code 89 City Code 80 City Code 81 City Code 81 City Code 82 City Code 83 City Code 84 City Code 84 City Code 85 City Code 86 City Code 86 City Code 87 City Code 88 City Code 89 City Code 80 City Code 81 City Code 81 City Code 82 City Code 83 City Code 84 City Code 84 City Code 85 City Code 86 City Code 87 City Code 88 City Code 89 City Code 80 City Code 80 City Code 81 City Code 81 City Code 82 City Code 83 City Code 84 City Code 84 City Code 85 City Code 86 City Code 87 City Code 88 City Code 89 City Code 80 City Code 80 City Code 80 City Code 81 City Code 81 City Code 81 City Code 82 City Code 83 City Code 84 City Code 85 City Code 86 City Code 87 City Code 88 City Code 89 City Code 80 C	IMCI	DANCE COMMISSIONED			81	Name			
TALLAHASSEE FL 32301 84					82	Street	Address (P.O. Box Number is Not Acceptable)		
11. Pursu ant to the provisions of Sections 607.050 2 and 607.1508, Florida Stat Ites, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obliga ions of, Section 607.0505, Forida Statutes. SIGNATURE					02				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Star ites. the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obliga ions of, Section 607.0505, Forida Statutes. SIGNATURE Signature, typed or pented in mer of registered agent and title if applicable. (NO E. Registered Agent alignature in: wired when reinstating) DATE 12.	LALL	AIROOLL IL 02001			83				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of olirectors. Thereby accept the obliga into sor, Section 607.0505, F order Statutes. SIGNATURE 12.					84	City		85 Zip	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of olirectors. Thereby accept the obliga into sor, Section 607.0505, F order Statutes. SIGNATURE 12.			O and CO7 4500 Florida Ctat	stag the a		nomed	carporation submits this statement for the nurnoss	of changing its	s registered
SIGNATURE Signature, typed or printed it ime of registered agent and table if applicable In Title PCEO	office or r	agistered eaent or both in the State	e of Florida. Such change was	authorized	עם ו	the corpo	oration's board of directors. I hereby accept the ap	pointment as re	egistered
Signature, Typed or printed in time of registered agent and title if applicable. (NO 'E. Resistered Agent signature recircle when reinstating) (No 'C. Resistered Agent signature recircle when reinstating) (No 'C. Resistered Agent signature recircle when reinstating (No 'C. Resistered Agent signature recircle when reinstation (No 'C. Resistered Agent signature recircle when rein			•						
TITLE	- SIGNATORE		,,		Agen	nt signature n			0.70 114 40
NAME ENO, REX B 433 EDGEWOOD RD NE CEDAR RAPIDS IA 52499 TITLE SVP DELETE 21 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE DELETE 23 STREET ADDRESS CITY-ST-ZIP TITLE T DELETE 31 TITLE MCCONNELL, MARTHA A 32 NAME SIREET ADDRESS CITY-ST-ZIP TITLE MCCONNELL, MARTHA A 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE MCCONNELL, MARTHA A 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE MCCONNELL, MARTHA A 32 NAME MCCONNELL, MARTHA A 32 NAME SIREET ADDRESS CITY-ST-ZIP TITLE VDS MARTIN, SUSAN E 42 NAME Craig D. Vermie STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME MARTIN, SUSAN E 42 NAME ARTIN, SUSAN E 42 NAME Craig D. Vermie 4333 Edgewood Road NE FAZER PA 19355 TITLE SVP MOORES ROAD FAZER PA 19355 CITY-ST-ZIP TITLE Change Addition Addi	12.			_			ADDITIONS/CHANGES TO OFFICERS		
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D 1 17 C11			▼ DELETE			1-2IF		Change	Addition
NAME ROWIF THOMAS P	NAME	BOWIE. THOMAS P	_ :=	5.2 NA			Brenda K. Clancy		

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 ir formation indica ed on this annual report or suppliemental 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 of 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 changes or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

20 MOORES ROAD

FRAZER PA 19355

CARP, MARILYN

1111 N CHARLES ST

BALTIMORE MD 21202

TITLE

NAME

STREET ADDR :SS

STREET ADDRESS

CITY-ST-ZIP

Craig D. Vermie, Secretary NO TYPED OR PRINTED NAME OF SIGNING OFFICE R OR DIRECTOR

☐ DELETE

4/26/99

4333 Edgewood Road NE

Cedar Rapids, IA 52499

(319)398-8511

Change

Addition

Daytime Phone #