

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832511

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: VETERANS LIFE INSURANCE COMPANY

## Current Principal Place of Business:

20 MOORES ROAD  
FRAZER, PA 19355

## New Principal Place of Business:

## Current Mailing Address:

20 MOORES ROAD  
FRAZER, PA 19355

## New Mailing Address:

FEI Number: 36-2545774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPC ( ) Delete  
Name: SMITH, BRIAN A  
Address: 20 MOORES ROAD  
City-St-Zip: MALVERN, PA 19355

Title: DSVP ( ) Delete  
Name: MAGNUM, G. DOUGLAS JR  
Address: 20 MOORES RD.  
City-St-Zip: FRAZER, PA 19355

Title: T ( ) Delete  
Name: MCCONNELL, MARTHA A  
Address: 520 PARK AVENUE  
City-St-Zip: BALTIMORE, MD 21201

Title: DS ( ) Delete  
Name: VERMIE, CRAIG D  
Address: 4333 EDGEWOOD RD NE  
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DEVP ( ) Delete  
Name: CLANCY, BRENDA K  
Address: 4333 EDGEWOOD ROAD NE  
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DEVP ( ) Delete  
Name: CARP, MARILYN  
Address: 1111 N CHARLES ST  
City-St-Zip: BALTIMORE, MD 21202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CRAIG D. VERMIE

SEC

04/25/2007

Electronic Signature of Signing Officer or Director

Date