


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90173 007 \*\*\*150.00

<b>DOCUMENT # 846950</b>			
1. Entity Name WESTERN RESERVE LIFE ASSURANCE CO., OF OHIO			
Principal Place of Business 570 CARILLON PARKWAY ST. PETERSBURG, FL 33716-1202 US		Mailing Address 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02232005 Chg-P CR2E034 (10/03)

4. FEI Number  
43-1162657

Applied For  
Not Applicable

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	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAHL, JEROME C 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CLANCY, BRENDA K. 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GEIGER, WILLIAM H 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / SVP GEIGER, WILLIAM H. 570 CARILLON PARKWAY ST. PETERSBURG, FL 33716-1202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTC HAMILTON, ALLAN J 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS VERMIE, CRAIG D 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BACHMANN, KEVIN 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / C WAGLEY, RON F. 1150 S. OLIVE LOS ANGELES, CA 90015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VHR MASSROCK, MIKE 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V / AS VERMIE, CRAIG D. 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **CRAIG D. VERMIE**  
ASSISTANT SECRETARY 2/24/05 319-398-8511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #