


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90227 026 ***150.00

DOCUMENT # 846950 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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 43-1162657				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04282008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CLANCY, BRENDA K 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSV GEIGER, WILLIAM H 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTC HAMILTON, ALLAN J 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP SCHNEIDRE, ARTHUR C 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOT STONEHOCKER, TIM L 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499	<input 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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Group VP-Compliance GEIGER, William H. 570 Carillon Parkway St. Petersburg, FL 337161202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Treasurer FOWLER, M. CRAIG 400 West MARKET ST LOUISVILLE, KY 40202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SUP, CHIEF TAX OFFICER SCHNEIDER, ARTHUR C 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <i>Craig D. Vermie, Assistant Secretary</i> 4/9/08 319-355-7906 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					