

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846950

FILED
Jun 24, 2009
Secretary of State

Entity Name: WESTERN RESERVE LIFE ASSURANCE CO., OF OHIO

Current Principal Place of Business:

570 CARILLON PARKWAY
ST. PETERSBURG, FL 337161202 US

New Principal Place of Business:

Current Mailing Address:

4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499 US

New Mailing Address:

FEI Number: 43-1162657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: DP () Delete
Name: CLANCY, BRENDA K
Address: 4333 EDGEWOOD ROAD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: SSVP () Delete
Name: GEIGER, WILLIAM H
Address: 570 CARILLON PKWY.
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VPT () Delete
Name: FOWLER, CRAIG M
Address: 400 WEST MARKET ST.
City-St-Zip: LOUISVILLE, KY 40202

Title: DSVP () Delete
Name: SCNEIDER, ARTHUR C
Address: 4333 EDGEWOOD RD. NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: DCOT () Delete
Name: STONEHOCKER, TIM L
Address: 4333 EDGEWOOD RD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

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

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: VPAS (X) Change () Addition
Name: VERMIE, CRAIG D
Address: 4333 EDGEWOOD RD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

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

ASEC

06/24/2009

Electronic Signature of Signing Officer or Director

Date