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Secretary of State

04-28-2003 91457 028 ***150.00

J01150FF

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846950

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

Principal Place of Business	Mailing Address
570 CARILLON PARKWAY ST. PETERSBURG, FL 33716-1202 US	P.O. BOX 5068 CLEARWATER, FL 33758

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	CD KENNEY, JOHN R 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, President Jerome C. Vahl 4333 Edgewood Road NE Cedar Rapids, IA 52499	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP GEIGER, WILLIAM H 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, VP, Asst Sec Craig D. Vermie 4333 Edgewood Road NE Cedar Rapids, IA 52499	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTC HAMILTON, ALLAN J 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, VP Kevin Bachmann 4333 Edgewood Road NE Cedar Rapids, IA 52499	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, JAMES R 3320 OFFICE PARK DR. DAYTON, OH 45439	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, VP Brenda K. Clancy 4333 Edgewood Road NE Cedar Rapids, IA 52499	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENERSHOTT, CHERYL 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Chairman, CEO Mike Kirby 4333 Edgewood Road NE Cedar Rapids, IA 52499	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VHR MASSROCK, MIKE 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, VP Paul D. Reaburn 4333 Edgewood Road NE Cedar Rapids, IA 52499	☐ Change XX Addition

CR2E034 (10/02)

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 Director, Asst. Secretary, VP 4/25/03 319-398-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #