

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848870

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: MEDICO LIFE INSURANCE COMPANY

## Current Principal Place of Business:

1515 SOUTH 75TH STREET  
OMAHA, NE 681241618

## New Principal Place of Business:

ONE CITY CENTER, FIFTH FLOOR  
PORTLAND, ME 04101

## Current Mailing Address:

1515 SOUTH 75TH STREET  
OMAHA, NE 681241618

## New Mailing Address:

ONE CITY CENTER, FIFTH FLOOR  
PORTLAND, ME 04101

FEI Number: 47-0520541

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: YOSUA JR, F J  
Address: 10 MCKENNEY POINT RD  
City-St-Zip: CAPE ELIZABETH, ME 04107

Title: CEO ( ) Delete  
Name: CHARSKY, D M  
Address: 17 HOPESTILL BROWN RD  
City-St-Zip: SUDBURY, MA 01776

Title: VT ( ) Delete  
Name: CATHCART, D B  
Address: 15 ARDSLEY  
City-St-Zip: AVON, CT 06001

Title: VS ( ) Delete  
Name: ADELSON, M R  
Address: 1072 BOSTON POST RD  
City-St-Zip: RYE, NY 10580

Title: V ( ) Delete  
Name: DUQUETTE, R J  
Address: 113 LANDFORD LANE  
City-St-Zip: EAST HARTFORD, CT 06118

Title: D ( ) Delete  
Name: PETRIDES, A M  
Address: 1824 WEBSTER STREET  
City-St-Zip: SAN FRANCISCO, CA 94115

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change ( ) Addition  
Name: CHARSKY, D M  
Address: 46 FIELDSTONE FARM ROAD  
City-St-Zip: SUDBURY, MA 01776

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: D (X) Change ( ) Addition  
Name: GRANT, JOHN P  
Address: 656 N 57TH AVENUE  
City-St-Zip: OMAHA, NE 68132

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: DONALD M. CHARSKY

CEO

03/19/2009

Electronic Signature of Signing Officer or Director

Date