


**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90265 019 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F04000000765</b>					
1. Entity Name <b>EDUCATORS MUTUAL LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>202 N. PRINCE STREET LANCASTER, PA 17603</b>			Mailing Address <b>P.O. BOX 83149 LANCASTER, PA 17608-3149</b>		
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 <b>23-1500814</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when re-registering.)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEEBACHER, ALEXANDER T JR.		NAME	Ronald L. King	
STREET ADDRESS	202 N. PRINCE STREET		STREET ADDRESS	202 N. Prince Street	
CITY- ST- ZIP	LANCASTER, PA 17603		CITY- ST- ZIP	Lancaster, PA 17603	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HABERBERGER, ARTHUR A		NAME	Robert M. McAlaine	
STREET ADDRESS	202 N. PRINCE STREET		STREET ADDRESS	202 N. Prince Street	
CITY- ST- ZIP	LANCASTER, PA 17603		CITY- ST- ZIP	Lancaster, PA 17603	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANKIN, KIMBERLY A		NAME	John O. Shirk	
STREET ADDRESS	202 N. PRINCE STREET		STREET ADDRESS	202 N. Prince Street	
CITY- ST- ZIP	LANCASTER, PA 17603		CITY- ST- ZIP	Lancaster, PA 17603	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRK, BRENT L		NAME	William L. Snyder, III	
STREET ADDRESS	202 N. PRINCE STREET		STREET ADDRESS	202 N. Prince Street	
CITY- ST- ZIP	LANCASTER, PA 17603		CITY- ST- ZIP	Lancaster, PA 17603	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIMBER, MARY C		NAME	Richard Stevens, III	
STREET ADDRESS	202 N. PRINCE STREET		STREET ADDRESS	202 N. Prince Street	
CITY- ST- ZIP	LANCASTER, PA 17603		CITY- ST- ZIP	Lancaster, PA 17603	
TITLE	VA	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPERT, SCOTT A		NAME	Charles H. Vetterlein, Jr.	
STREET ADDRESS	202 N. PRINCE STREET		STREET ADDRESS	202 N. Prince Street	
CITY- ST- ZIP	LANCASTER, PA 17603		CITY- ST- ZIP	Lancaster, PA 17603	
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: <u>Kimberly A Rankin</u> Vice President & Corp. Secy. 1/10/06 (717) 391-5703					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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