

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0009920

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90102 042 ***150.00

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F96000006279

1. Corporation Name
COMMONWEALTH DEALERS LIFE INSURANCE COMPANY



| | |
|---|--|
| Principal Place of Business 8001 W BROAD ST RICHMOND VA 23294 US | Mailing Address 8001 WEST BROAD ST RICHMOND VA 23294 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------------|---------------------------|---|--------------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 12/03/1996 | 4. FEI Number 54-1438901 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
|---|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARKHOUSER, RICHARD 3604 RIVERSIDE DR DANVILLE VA | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUDDITH, ROBERT 20920 GOSHEN RD GAITHERSBURG MD 20879 | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DERRICK, HOMER E 512 E NELSON ST LEXINGTON VA 24450 | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STROSNIDER, ERVIN 5200 OAKLAWN BLVD HOPEWELL VA 23860 | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BIBY, E KAYE 8001 W BROAD ST RICHMOND VA | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS KERN, RICHARD 2110 VALLEY AVENUE WINCHESTER VA 22601 | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |
| | | | UP Mark E. Albert 8001 W Broad St Richmond VA 23294 |
| | | | D Joseph Nelson P.O. Box 4323 - 600 English Road Rocky Mount NC 27803 |
| | | | D Don Laceyfield 259 S Churchm Street E Hillsborough NC 27278 |
| | | | D Hubert Parks 6441 N Tryon St Charlotte NC 28256 |

4. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. Kaye Biby REQUIRED E. Kaye Biby 3/3/99 804-270-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)