## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 04, 2005 8:00 am **Secretary of State DOCUMENT # P06218** 1. Entity Name 02-04-2005 90044 042 \*\*\*150.00 WEST COAST LIFE INSURANCE COMPANY Mailing Address Principal Place of Business 343 SANSOME STREET P.O. BOX 193892 IUUTMUUU SAN FRANCISCO, CA 94104 SAN FRANCISCO, CA 94104 US 3. Mailing Address 2. Principal Place of Business 2801 HWY 280 S. 3-4LE Suite, Apt. #, etc. Suite, Apt. #, etc. 01262005 Chg-P CR2E034 (10/03) Attn: Tracy McKeithen City & State Birmingham, AL 4. FEI Number Applied For City & State 94-0971150 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 35223 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CDP ☐ Addition TITLE Delete TITLE ☐ Change JOHNS, JOHN D NAME STREET ADDRESS 2801 HIGHWAY 280 SOUTH STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35223 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE **BIELEN, RICHARD J** NAME NAME 2801 HIGHWAY 280 SOUTH STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35223 CITY-ST-ZIP CITY-ST-ZIP Addition SDV ☐ Delete ☐ Change TITLE TITLE LONG, DEBORAH J NAME NAME STREET ADDRESS 2801 HIGHWAY 280 SOUTH STREET ADDRESS BIRMINGHAM, AL 35223 CITY-ST-ZIP CITY-ST-7IP Addition Delete ☐ Change TITLE MANJI, ANIL S MAME NAME STREET ADDRESS STREET ADDRESS 343 SANSOME STREET SAN FRANCISCO, CA 94104 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOON, DALE F NAME NAME STREET ADDRESS STREET ADDRESS 343 SANSOME STREET SAN FRANCISCO, CA 94104 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE Asst. Secretary NAME NAME Natalie R. Reid Birmingham, Al STREET ADDRESS STREET ADDRESS 2801 HWY 280 South 35223 CITY-ST-ZIP 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.

Natalie R. Reid

1/26/05

205-268-1000

Daytime Phone #

FILED