

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P40828** (6)

1. Corporation Name

VOYAGER LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

5950 LIVE OAK PARKWAY
SUITE 300
NORCROSS GA 30093
US

110 W. SEVENTH ST
8TH FLOOR
FT. WORTH TX 76102
US

3. Date Incorporated or Qualified
10/07/1992

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1090425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
GASTON, GERALD N.
STREET ADDRESS
11222 QUAIL ROOST DR
CITY-ST-ZIP
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
BECKER, EUGENE E.
STREET ADDRESS
11222 QUAIL ROOST DR
CITY-ST-ZIP
MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
GAMBERO, DARRELL
STREET ADDRESS
110 W. SEVENTH ST.
CITY-ST-ZIP
FORT WORTH TX

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME
CASALE, MICHAEL J.
STREET ADDRESS
110 W. SEVENTH ST
CITY-ST-ZIP
FT. WORTH TX

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
UNTERREINER, BERNARD
STREET ADDRESS
5950 LIVEOAK PKWY 3RD FLOOR
CITY-ST-ZIP
NORCROSS GA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
CASTELLO, ENRIQUE L.
STREET ADDRESS
11222 QUAIL ROOST DR
CITY-ST-ZIP
MIAMI FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. May

January 19, 1996

800/334-9282

Date

Daytime Phone #

CR2E034 (12/95)

DIRECTORS AND OFFICERS OF VOYAGER LIFE INSURANCE COMPANY

Directors

Jay R. Fuchs
R. Kirk Landon
Terry Lemmons

Gerald N. Gaston
Leonardo F. Garcia

Officers

Assistant Secretary.....Leonardo F. Garcia

Address for above officers is: 11222 Quail Roost Dr., Miami, FL 33157

Officers

Senior Vice President.....Thomas E. McCraw
Vice President.....Allan M. Clement, III
Vice President.....Carolyn N. Fossett
Vice President.....G. Gano Harris
Vice President, Counsel and Assistant Secretary.....David P. May
Vice President and Assistant Treasurer.....Dava G. Sherrill
Vice President.....Ronald Willis
Vice President.....Resa J. Dunkin

Address for above officers is: 110 W. Seventh St., Fort Worth, Texas 76102

Officers

Senior Vice President.....Ray Sakowski
Vice President.....Robert J. Miller

Address for above officers is: 4250 Lakeside Dr., Suite 304, Jacksonville. FL 32210

Officers

Vice President.....Michael Flaherty
Vice President.....Joe McCaw

Address for above officers is: 5950 Liveoak Parkway, 3rd Floor, Norcross, GA 30093