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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

5950 LIVE OAK PARKWAY  
SUITE 300  
NORCROSS GA 30093  
US

Mailing Address

110 W. SEVENTH ST  
9TH FLOOR  
FT. WORTH TX 76102-7032  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/07/1992

3a. Date of Last Report

01/29/1996

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

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

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

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

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

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

TITLE ☐ DELETE  
NAME CLEMENT, ALLAN M III  
STREET ADDRESS 11222 QUAIL ROOSE DR  
CITY-ST-ZIP MIAMI FL

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME DPC00  
2.3 STREET ADDRESS Gambero, Darrell G.  
2.4 CITY-ST-ZIP 110 W. Seventh St.  
Fort Worth, TX 76102

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME VPAS  
3.3 STREET ADDRESS May, David P.  
3.4 CITY-ST-ZIP 110 W. Seventh St.  
Fort Worth, TX 76102

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

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

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. May

1/13/97

Date

(800) 334-9282

Daytime Phone #

CR2E034 (9/96)