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0558765

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90070 046 ***150.00

DOCUMENT # **P40828**

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 9TH FLOOR FT. WORTH TX 76102 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/07/1992

2. Principal Place of Business	2a. Mailing Address
21 3237 Satellite Blvd.	26
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27
City & State 23 Duluth, GA	City & State 28
Zip / Country 24 30096 25 U.S.	Zip / Country 29 30

4. FEI Number: 59-1090425 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GASTON, GERALD N.		1.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEGGEN, ARTHUR W		2.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP	
TITLE	CPCO	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GAMBERO, DARRELL		3.2 NAME	
STREET ADDRESS	110 W. SEVENTH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CLEMENT, ALLAN M III		4.2 NAME	
STREET ADDRESS	11222 QUAIL ROOSE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	UNTERREINER, BERNARD		5.2 NAME	
STREET ADDRESS	5950 LIVEOAK PKWY 3RD FLOOR		5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLO, ENRIQUE L.		6.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	

14. 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: [illegible] REQUIRED 1/07/99 (800) 334-9282, x. 1?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P40828 9L

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DIRECTORS AND OFFICERS OF VOYAGER LIFE

STATE OF FLORIDA

Directors

Michael T. Ray
Gerald N. Gaston
Arthur W. Heggen
Kenneth L. Slaton
Floyd G. Denison
Jay R. Fuchs
Darrell J. Gambero
Bernard C. Unterreiner

Officers

Chief Executive Officer.....Michael T. Ray
Secretary.....Arthur W. Heggen
Treasurer.....Enrique L. Castelo

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

Senior Vice President.....Bernard C. Unterreiner
Vice President.....Michael P. Flaherty
Vice President.....Kenneth L. Slaton

Address for above officers is: 5950 Live Oak Parkway, Suite 300, Norcross, GA 30093

Chief Operating Officer and President.....Darrell J. Gambero
1st Senior Vice President.....Thomas E. McCraw
Senior Vice President.....Ray R. Sakowski
Chief Financial Officer, Senior Vice President and Assistant Treasurer.....Dava G. Carson
Vice President.....Charles J. Choffin
Vice President.....Allan M. Clement, III
Vice President and Assistant Secretary.....Mark A. Cooper
Vice President.....Resa J. Dunkin
Vice President.....Gregory Egbert
Vice President.....John Everdale
Vice President.....G. Gano Harris
Vice President.....David P. May
Vice President.....Ronald W. Willis

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