2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P40828 1. Entity Name VOYAGER LIFE INSURANCE COMPANY

FILED May 28, 2002 8:00 am Secretary of State

05-28-2002 91726 042 ***150.00

Principal Pla	ace of Business	Mailing Address						
260 INTERSTATE NORTH CIRCLE NORTH WEST ATLANTA GA 30339 US		901 CHERRY STREET 9TH FLOOR FORT WORTH TX 7610 US	801 CHERRY STREET 9TH FLOOR FORT WORTH TX 76102)) 878 (‡ 0 2011 1 00	
2. Principal	Place of Business	3. Mailing Address	1000010					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1 Roost D	DO NOT WE		RITE IN THIS SPACE		
City & Sta	ate	City & State Miami	e Plannin	4. FEI Number	0.4000405		Applied For	
Zip	Country	^{Zi} ₃ 3157	Country	5. Certificate of Stat	9-1090425 us Desired	\$8.75 A	Not Applicab	
	6. Name and Address of Cur	rent Registered Agent	_1		ess of New Registered	Fee Requi	red	
			Name	7. Name and Addre	ss of New Hegistered	Agent	 	
INSURAN	ICE COMMISSIONER					~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2	
THE CAP	PITOL		Street Add	dress (P.O. Box Number is No	t Acceptable)		<u></u>	
TALLAHA	SSEE FL 32399		-		· · · · · · · · · · · · · · · · · · ·	 -		
			City		······································	T = -		
					FL	Zip Co	de	
I he above	e named entity submits this statemen	nt for the purpose of changing its	s registered office or re	egistered agent, or both, in the	e State of Florida		_	
			-					
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE			
BIGNATURE	Signature, typed or printed name of registered a pration is eligible to satisfy its Intangrequirement and elects to do so.	gent and title if applicable. (NOT ible FILE NOW After May 1, 20	E. Registered Agent signature !!! FEE IS \$150.00 102 Fee will be \$55	10. Election C	DATE ampaign Financing I Contribution.	\$5.0 Adde	00 May Be	
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Enrique Castelo, Treasurer 4/29/02