

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-28-2002 91726 042 ***150.00

DOCUMENT # P40828

1. Entity Name

VOYAGER LIFE INSURANCE COMPANY

Principal Place of Business

**260 INTERSTATE NORTH CIRCLE NORTH WEST
 ATLANTA GA 30339
 US**

Mailing Address

**801 CHERRY STREET
 9TH FLOOR
 FORT WORTH TX 76102
 US**

2. Principal Place of Business

3. Mailing Address

11222 Quail Roost Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Corporate Planning

City & State

City & State

miami, FL

Zip

Country

Zip

Country

33157

4. FEI Number

59-1090425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399**

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCEO** ☒ Delete
 NAME **HARPER, EDWIN**
 STREET ADDRESS **260 INTERSTATE NORTH CIRCLE NORTH WEST**
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **President & Director** ☐ Change ☒ Addition
 NAME **R. Kevin Klotz**
 STREET ADDRESS **11222 Quail Roost Drive**
 CITY-ST-ZIP **miami, FL 33157**

TITLE **S** ☐ Delete
 NAME **HEGGEN, ARTHUR W**
 STREET ADDRESS **11222 QUAIL ROOST DR**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **Secretary & Director** ☒ Change ☐ Addition
 NAME **Arthur Heggen**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **GAMBERO, DARRELL**
 STREET ADDRESS **801 CHERRY STREET**
 CITY-ST-ZIP **FORT WORTH TX 76102**

TITLE **Secretary & Director** ☐ Change ☒ Addition
 NAME **Allen Tuthill**
 STREET ADDRESS **260 Interstate No. Circle NW.**
 CITY-ST-ZIP **Atlanta, GA 30339**

TITLE **VP** ☐ Delete
 NAME **COOPER, MARK A**
 STREET ADDRESS **801 CHERRY STREET**
 CITY-ST-ZIP **FORT WORTH TX 76102**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Amelia Toural**
 STREET ADDRESS **11222 Quail Roost Dr.**
 CITY-ST-ZIP **miami, FL 33157**

TITLE **DS** ☒ Delete
 NAME **UNTERREINER, BERNARD**
 STREET ADDRESS **260 INTERSTATE NORTH CIRCLE NORTH WEST**
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **CASTELLO, ENRIQUE L**
 STREET ADDRESS **11222 QUAIL ROOST DR**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Enrique Castelo**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Enrique Castelo, Treasurer 4/29/02 805 253-2244 x33581
 Date Daytime Phone #

CR2E034 (9/01)