2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P40828

Entity Name: VOYAGER LIFE INSURANCE COMPANY

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 260 INTERSTATE NORTH CIRCLE NORTH WEST ATLANTA, GA 30339 US **Current Mailing Address: New Mailing Address:** 11222 QUAIL ROOST DR CORPORATE PLANNING MIAMI, FL 33157 FEI Number: 59-1090425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PCOD (X) Change () Addition Name: KLOTZ, R. KEVIN Name: LEMASTERS, S. CRAIG 11222 QUAIL ROOST DR 260 INTERSTATE NO CIRCLE NW Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: ATLANTA, GA 30339 Title: Title: SD () Delete ASD (X) Change () Addition Name: HEGGEN, ARTHUR Name: HEGGEN ARTHUR 11222 QUAIL ROOST DR 11222 QUAIL ROOST DR Address: Address: MIAMI, FL 33157 MIAMI, FL 33157 City-St-Zip: City-St-Zip: Title: SD () Delete Title: () Change () Addition TUTHILL, ALLEN Name: Name: 260 INTERSATE N CR NW Address: Address: City-St-Zip: ATLANTA, GA 30339 City-St-Zip: Title: () Delete Title: SVPD (X) Change () Addition TOURAL, AMELIA TOURAL, AMELIA Name: Name: Address: 11222 QUAIL ROOST DR Address: 11222 QUAIL ROOST DR City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: Title: () Delete (X) Change () Addition CASTELO, ENRIQUE L. CASTELLO, ENRIQUE L. Name: Name: 11222 QUAIL ROOST DR Address: 11222 QUAIL ROOST DR Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL Title: () Delete Title: SVPD () Change (X) Addition CAMACHO, P. BRUCE Name: Name: 11222 QUAIL ROOST DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33157

SIGNATURE: ARTHUR HEGGEN AS 04/30/2003

City-St-Zip: