


**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90265 019 \*\*\*150.00

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # F0400000765**  
 1. Entity Name  
**EDUCATORS MUTUAL LIFE INSURANCE COMPANY**



Principal Place of Business      Mailing Address  
**202 N. PRINCE STREET**      **P.O. BOX 83149**  
**LANCASTER, PA 17603**      **LANCASTER, PA 17608-3149**

40002888



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

01092006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**23-1500814**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when re-registering.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHNEEBACHER, ALEXANDER T JR. <input type="checkbox"/> Delete 202 N. PRINCE STREET LANCASTER, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABERBERGER, ARTHUR A <input checked="" type="checkbox"/> Delete 202 N. PRINCE STREET LANCASTER, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RANKIN, KIMBERLY A <input type="checkbox"/> Delete 202 N. PRINCE STREET LANCASTER, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SHIRK, BRENT L <input type="checkbox"/> Delete 202 N. PRINCE STREET LANCASTER, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIMBER, MARY C <input type="checkbox"/> Delete 202 N. PRINCE STREET LANCASTER, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VA HUMPERT, SCOTT A <input type="checkbox"/> Delete 202 N. PRINCE STREET LANCASTER, PA 17603

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald L. King <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 202 N. Prince Street Lancaster, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert M. McAlaine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 202 N. Prince Street Lancaster, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John O. Shirk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 202 N. Prince Street Lancaster, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William L. Snyder, III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 202 N. Prince Street Lancaster, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Stevens, III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 202 N. Prince Street Lancaster, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles H. Vetterlein, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 202 N. Prince Street Lancaster, PA 17603

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kimberly A. Rankin Vice President & Corp. Secy. 1/10/06      (717) 391-5703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #