

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **819049** (8)

1. Corporation Name

FIRST INTERNATIONAL LIFE INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 9100 KEYSTONE CROSSING SUITE 600 INDIANAPOLIS ID 46240	Mailing Address 9100 KEYSTONE CROSSING SUITE 600 INDIANAPOLIS ID 46240
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3. Date Incorporated or Qualified 09/27/1965	3a. Date of Last Report 04/20/1994
4. FEI Number 04-2350154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for interstate tax under S. 194.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE CD	HUNTER, RONALD D
NAME	9100 KEYSTONE CROSSING, SUITE 600
STREET ADDRESS	INDIANAPOLIS IN
CITY - ST - ZIP	
TITLE PD	STAHL, EDWARD T
NAME	9100 KEYSTONE CROSSING, SUITE 600
STREET ADDRESS	INDIANAPOLIS IN
CITY - ST - ZIP	
TITLE VSD	HOCHGESANG, GERALD R
NAME	9100 KEYSTONE CROSSING, SUITE 600
STREET ADDRESS	INDIANAPOLIS IN
CITY - ST - ZIP	
TITLE DV	OHLSON, RAYMOND J
NAME	9100 KEYSTONE CROSSING, SUITE 600
STREET ADDRESS	INDIANAPOLIS IN
CITY - ST - ZIP	
TITLE D	KNEISER, MARTIAL R
NAME	9100 KEYSTONE CROSSING, SUITE 600
STREET ADDRESS	INDIANAPOLIS IN
CITY - ST - ZIP	
TITLE TT	QUINN, JOHN J
NAME	9100 KEYSTONE CROSSING, STE 600
STREET ADDRESS	INDIANAPOLIS IN
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Gerald R. Hochgesang **GERALD R. HOCHGESANG** 4/18/95 (317)574-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Phone #)