

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **819049 (8)**  
1. Corporation Name  
**FIRST INTERNATIONAL LIFE INSURANCE COMPANY**



Principal Place of Business: **9100 KEYSTONE CROSSING SUITE 600 INDIANAPOLIS ID 46240**  
Mailing Address: **9100 KEYSTONE CROSSING SUITE 600 INDIANAPOLIS ID 46240**  
*See attached letter*

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **09/27/1965**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **04-2350154**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent (81-84)  
81 Name: \_\_\_\_\_  
82 Street Address (PO Box Number is Not Acceptable): \_\_\_\_\_  
83 **600001925416**  
**-08/19/96--01019--037**  
84 City: **\*\*\*225.00 FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, RONALD D	
STREET ADDRESS	9100 KEYSTONE CROSSING, SUITE 600	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STAHL, EDWARD T	
STREET ADDRESS	9100 KEYSTONE CROSSING, SUITE 600	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	HOCHGESANG, GERALD R	
STREET ADDRESS	9100 KEYSTONE CROSSING, SUITE 600	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	OHLSON, RAYMOND J	
STREET ADDRESS	9100 KEYSTONE CROSSING, SUITE 600	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNEISER, MARTIAL R	
STREET ADDRESS	9100 KEYSTONE CROSSING, SUITE 600	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	QUINN, JOHN J	
STREET ADDRESS	9100 KEYSTONE CROSSING, STE 600	
CITY-ST-ZIP	INDIANAPOLIS IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	President & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Peter L. Hutchings	
13 STREET ADDRESS	300 Central Park West	
14 CITY-ST-ZIP	New York, N.Y. 10024	
21 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Frank T. Jones	
23 STREET ADDRESS	122 Rotary Drive	
24 CITY-ST-ZIP	Summit, N.J. 07901	
31 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Jeremy Starr	
33 STREET ADDRESS	382 Central Park West	
34 CITY-ST-ZIP	New York, N.Y. 10025	
41 TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	John Patrick Ciferi	
43 STREET ADDRESS	8 Brookside Drive	
44 CITY-ST-ZIP	Goshen, N.Y. 10924	
51 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Earl Carlton Harry	
53 STREET ADDRESS	4 Sunset Ave	
54 CITY-ST-ZIP	Wheatley Hgts, N.Y. 11798	
61 TITLE	Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Karen L. Dickinson	
63 STREET ADDRESS	79 West 12th Street	
64 CITY-ST-ZIP	New York, N.Y. 10011	

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 119.07(3), 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 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: *Karen L. Dickinson* KAREN L. DICKINSON ASST CORP SECRETARY 8/19/96

CR2E034 (3/96)