

* FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
201 PARK AVE. SOUTH - TAX MGR. ROGER RILEY
C/O GUARDIAN INSURANCE & ANNUITY CO.
NEW YORK NY 10003-1801

3. Date Incorporated or Qualified 09/27/1965
3a. Date of Last Report 08/19/1996

2. Principal Place of Business
21 3900 Burgess Place
Suite, Apt. #, etc.

2a. Mailing Address
26 201 Park Avenue South
Suite, Apt. #, etc.

4. FEI Number 04-2350154
Applied For Not Applicable

22 City & State
23 Bethlehem, PA
Zip Country
24 18017 25 USA

27 #15-C
28 City & State
29 New York, NY
Zip Country
30 10003 31 USA

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PCEO
NAME HUTCHINGS, PETER L.
STREET ADDRESS 300 CENTRAL PARK WEST
CITY-ST-ZIP NEW YORK NY 10024
EVP
NAME JONES, FRANK
STREET ADDRESS 122 ROTARY DR.
CITY-ST-ZIP SUMMIT NJ 07901
VP
NAME STARR, JEREMY
STREET ADDRESS 382 CENTRAL PARK WEST
CITY-ST-ZIP NEW YORK NY 10025
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PCEO/D
1.2 NAME HUTCHINGS, PETER L.
1.3 STREET ADDRESS 201 PARK AVENUE SOUTH
1.4 CITY-ST-ZIP NEW YORK, NY 10003
2.1 TITLE EVP
2.2 NAME JONES, FRANK J.
2.3 STREET ADDRESS 201 PARK AVENUE SOUTH
2.4 CITY-ST-ZIP NEW YORK, NY 10003
3.1 TITLE VP
3.2 NAME STARR, JEREMY
3.3 STREET ADDRESS 201 PARK AVENUE SOUTH
3.4 CITY-ST-ZIP NEW YORK, NY 10003
4.1 TITLE D
4.2 NAME de PALO, ARMAND M.
4.3 STREET ADDRESS 201 PARK AVENUE SOUTH
4.4 CITY-ST-ZIP NEW YORK, NY 10003
5.1 TITLE D
5.2 NAME KABELE, THOMAS G.
5.3 STREET ADDRESS 201 PARK AVENUE SOUTH
5.4 CITY-ST-ZIP NEW YORK, NY 10003
6.1 TITLE D
6.2 NAME KANE, EDWARD K.
6.3 STREET ADDRESS 201 PARK AVENUE SOUTH
6.4 CITY-ST-ZIP NEW YORK, NY 10003

14. I do 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 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: REQUIRED

4/9/97 (212) 598-8526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph A. Carr, Jr.

Date Daytime Phone # 0004638

CR2E034 (9/96)

State of Florida Annual Report - 1997

First International Life Insurance Company

ADDITIONS

TITLE: D
NAME: SARGENT, JOSEPH D.
STREET ADDRESS: 201 PARK AVE S
CITY-ST-ZIP: NEW YORK, NY 10003

TITLE: V
NAME: FIDELINO, RODOLFO E.
STREET ADDRESS: 201 PARK AVE S
CITY-ST-ZIP: NEW YORK, NY 10003

TITLE: CONTROLLER
NAME: CIFU, JOHN P.
STREET ADDRESS: 201 PARK AVE S
CITY-ST-ZIP: NEW YORK, NY 10003

TITLE: T
NAME: HARRY, EARL C.
STREET ADDRESS: 201 PARK AVE S
CITY-ST-ZIP: NEW YORK, NY 10003

TITLE: ACTUARY
NAME: MITCHELL, BENJAMIN H.
STREET ADDRESS: 201 PARK AVE S
CITY-ST-ZIP: NEW YORK, NY 10003

TITLE: COUNSEL
NAME: SMITH, DEBRA RUTH
STREET ADDRESS: 201 PARK AVE S
CITY-ST-ZIP: NEW YORK, NY 10003

TITLE: S
NAME: CARUSO, JOSEPH A.
STREET ADDRESS: 201 PARK AVE S
CITY-ST-ZIP: NEW YORK, NY 10003

TITLE: AV
NAME: SHAW, STUART J.
STREET ADDRESS: 201 PARK AVE S
CITY-ST-ZIP: NEW YORK, NY 10003