

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -5 PH 1:51

DOCUMENT # **824996** (3)

1. Corporation Name

**EXECUTIVE FUND LIFE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

1001 WADE AVE  
P O BOX 10234  
RALEIGH NC 27605

1001 WADE AVE  
P O BOX 10234  
RALEIGH NC 27605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report  
**06/27/1970** **IN FL** **04/15/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

**USA**

29 Zip

30 Country

**USA**

4. FEI Number

**47-0493779**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$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

INSURANCE COMMISSIONER  
200 EAST GAINES ST  
LARSON BUILDING  
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	VT
NAME	BEHR, CHARLES
STREET ADDRESS	1001 WADE AVE
CITY - ST - ZIP	RALEIGH NC
TITLE	D
NAME	BRUCE, ROBERT J
STREET ADDRESS	1001 WADE AVE
CITY - ST - ZIP	RALEIGH NC
TITLE	DCFO
NAME	FICKES, STEVEN W
STREET ADDRESS	1001 WADE AVE
CITY - ST - ZIP	RALEIGH NC
TITLE	SVD
NAME	SILVERMAN, SCOTT D
STREET ADDRESS	1001 WADE AVE
CITY - ST - ZIP	RALEIGH NC
TITLE	PDCE
NAME	MCCORMICK, WILLIAM H
STREET ADDRESS	1001 WADE AVE
CITY - ST - ZIP	RALEIGH NC
TITLE	D
NAME	STONE, DAVID J
STREET ADDRESS	1001 WADE AVENUE
CITY - ST - ZIP	RALEIGH NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NEW DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN T. GREGAN	
1.3 STREET ADDRESS	195 RIVER SIDE DRIVE	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32202	
2.1 TITLE	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DIRECTOR, PRESIDENT, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	NEW DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALLAN D. GREENBERG	
4.3 STREET ADDRESS	1001 WADE AVENUE	
4.4 CITY - ST - ZIP	RALEIGH, NC 27605	
5.1 TITLE	DIRECTOR, C.E.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILLIAM M. MCCORMICK	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	NEW DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NICHOLAS C. KEEBLEE	
6.3 STREET ADDRESS	1001 WADE AVENUE	
6.4 CITY - ST - ZIP	RALEIGH, NC 27605	

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)(b), 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 each officer or director of the corporation or the resolver or Junta empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if a change, or as an attachment with an address.

SIGNATURE:

*Scott D. Silverman*  
SCOTT D. SILVERMAN

3/29/95

919-831-8076

DATE SIGNATURE (Type or Print)