

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 824996 (3)

1. Corporation Name  
**EXECUTIVE FUND LIFE INSURANCE COMPANY**



Principal Place of Business: 1001 WADE AVE, P O BOX 10234, RALEIGH NC 27605  
Mailing Address: 1001 WADE AVE, P O BOX 10234, RALEIGH NC 27605

3. Date Incorporated or Qualified: 08/27/1970  
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business: 21 2610 Wycliff Road, Suite, Apt. #, etc.  
22 City & State: 23 Raleigh, North Carolina  
24 Zip: 27607, 25 Country: U.S.A.  
2a. Mailing Address: 26 2610 Wycliff Road, Suite, Apt. #, etc.  
27 City & State: 28 Raleigh, North Carolina  
29 Zip: 27607, 30 Country: U.S.A.

4. FEI Number: 47-0493779  
Applied For: Not Applicable  
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  
**INSURANCE COMMISSIONER  
200 EAST GAINES ST  
LARSON BUILDING  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent  
81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): 500001810175  
83 City, State, Zip: -05/07/96--01011--004  
84 City: \*\*\*200.00  
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: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BEHR, CHARLES	
STREET ADDRESS	1001 WADE AVE	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GHEGAN, JOHN T.	
STREET ADDRESS	135 RIVERSIDE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DCFO	<input checked="" type="checkbox"/> DELETE
NAME	FICKES, STEVEN W	
STREET ADDRESS	1001 WADE AVE	
CITY-ST-ZIP	RALEIGH NC	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, SCOTT D	
STREET ADDRESS	1001 WADE AVE	
CITY-ST-ZIP	RALEIGH NC	
TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, WILLIAM M.	
STREET ADDRESS	1001 WADE AVE	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONE, DAVID J	
STREET ADDRESS	1001 WADE AVENUE	
CITY-ST-ZIP	RALEIGH NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Dir., V.P., & Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Bestor, Robert J.	
13 STREET ADDRESS	2610 Wycliff Road	
14 CITY-ST-ZIP	Raleigh, North Carolina 27607	
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Greenberg, Allan D.	
23 STREET ADDRESS	2610 Wycliff Road	
24 CITY-ST-ZIP	Raleigh, North Carolina 27607	
31 TITLE	President & Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Keebler, Nicholas C.	
33 STREET ADDRESS	2610 Wycliff Road	
34 CITY-ST-ZIP	Raleigh, North Carolina 27607	
41 TITLE	Sr.V.P. & Actuary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Granieri, Vincent J.	
43 STREET ADDRESS	2610 Wycliff Road	
44 CITY-ST-ZIP	Raleigh, North Carolina 27607	
51 TITLE	Sr.V.P., Chief Actuary,	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Prager, Michael J.	
53 STREET ADDRESS	2610 Wycliff Road	
54 CITY-ST-ZIP	Raleigh, North Carolina 27607	
61 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Butler, Patricia B.	
63 STREET ADDRESS	2610 Wycliff Road	
64 CITY-ST-ZIP	Raleigh, North Carolina 27607	

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)(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: Patricia B. Butler PATRICIA B. Butler 4/23/96 919-786-8186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)