

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90108 031 \*\*\*158.75

A0024920



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 846336**

1. Entity Name  
**FIRST PENN-PACIFIC LIFE INSURANCE COMPANY**

Principal Place of Business      Mailing Address

S. MEYERS RD.      1801 S. MEYERS RD.  
TERRACE IL 60181-5216      OAKBROOK TERRACE IL 60181-5242

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **23-2044248**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER**  
**THE CAPITOL BUILDING**  
**TALLAHASSEE FL 32314**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHAHEEN, GABRIEL</b>	
STREET ADDRESS	<b>1300 S. CLINTON ST.</b>	
CITY-ST-ZIP	<b>FORT WAYNE IN</b>	
TITLE	<b>VTS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SJOREEN, JAMES P.</b>	
STREET ADDRESS	<b>1801 S. MEYERS RD.</b>	
CITY-ST-ZIP	<b>OAKBROOK TERRACE IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KLEIN, RICHARD CHARLES</b>	
STREET ADDRESS	<b>1801 S. MEYERS RD.</b>	
CITY-ST-ZIP	<b>OAKBROOK TERRACE IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MARCIA LOUISE DUMOND</b>	
STREET ADDRESS	<b>1801 S. MEYERS RD.</b>	
CITY-ST-ZIP	<b>OAKBROOK TERRACE IL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Baker, Roland C.</b>	
STREET ADDRESS	<b>1801 S. Meyers Rd.</b>	
CITY-ST-ZIP	<b>Oakbrook Terrace, IL 60181</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rogers, Steven W.</b>	
STREET ADDRESS	<b>1801 S. Meyers Rd.</b>	
CITY-ST-ZIP	<b>Oakbrook Terrace, IL 60181</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DuMond, Marcia Louise</b>	
STREET ADDRESS	<b>1801 S. Meyers Rd.</b>	
CITY-ST-ZIP	<b>Oakbrook Terrace, IL 60181</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stephenson, Todd R.</b>	
STREET ADDRESS	<b>1300 S. Clinton St.</b>	
CITY-ST-ZIP	<b>Fort Wayne, IN</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Steven W. Rogers**      2/18/00      (630)495-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)