FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **852200** **(5)**

1. Corporation Name
PARAGON LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
100 S. BRENTWOOD ST. LOUIS MO 63105	100 S. BRENTWOOD ST. LOUIS MO 63105

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/16/1982**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / County — 30

4. FEI Number: **43-1235869** ☐ 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 FOR STATE OF FLORID
CAPITOL BUILDING
TALLAHASSEE FL 32301

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 **N/A** DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, CARL H	1.2 NAME	
STREET ADDRESS	100 SOUTH BRENTWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63105	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, STEVEN D	2.2 NAME	
STREET ADDRESS	100 SOUTH BRENTWOOD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63105	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCAULEY, MATTHEW P	3.2 NAME	
STREET ADDRESS	100 SOUTH BRENTWOOD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63105	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	RUBENSTEIN, LEONARD	4.2 NAME	E. Thomas Hughes
STREET ADDRESS	100 SOUTH BRENTWOOD	4.3 STREET ADDRESS	100 South Brentwood
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LIDDY, RICHARD A.	5.2 NAME	
STREET ADDRESS	700 MARKET ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63101	5.4 CITY-ST-ZIP	
TITLE	A	6.1 TITLE	☐ Change ☐ Addition
NAME	NORDYKE, CRAIG K	6.2 NAME	
STREET ADDRESS	100 SOUTH BRENTWOOD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63105	6.4 CITY-ST-ZIP	

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: Carl H. Anderson Carl H. Anderson President & CEO 4-18-95 (314) 862-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0469783 FP