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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:03

DOCUMENT # G19742 (7)

1. Corporation Name
FINANCIAL BENEFIT LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
7251 WEST PALMETTO PK ROAD P. O. BOX 3348 BOCA RATON FL 33433	7251 W PALMETTO PARK RD P. O. BOX 3348 BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1983
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 22-2434543 ☐ 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
THE CAPITOL
TALLAHSSEE 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 _____ 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	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	CROHN, FRANK T	1.2 NAME		
STREET ADDRESS	6001 OLD CLINT MOORE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	VSD	2.1 TITLE		☐ Change ☐ Addition
NAME	RUBERTONE, DONNA J	2.2 NAME		
STREET ADDRESS	3725 KINGS WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	VTD	3.1 TITLE		☐ Change ☐ Addition
NAME	HOEFT, JERALD R	3.2 NAME		
STREET ADDRESS	18874 ANCHOR DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	P/D	XX Change ☐ Addition
NAME	SIMON, MARK A	4.2 NAME	SIMON, MARK A	
STREET ADDRESS	5788 WATERFORD	4.3 STREET ADDRESS	5788 WATERFORD	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	V	5.1 TITLE	V/Assistant S	XX Change ☐ Addition
NAME	TICE, JULIE B	5.2 NAME	TICE, JULIE B	
STREET ADDRESS	23080 FLORALWOOD LANE	5.3 STREET ADDRESS	710 N.E. 69th STREET	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Jerald R Hoeft — Jerald R. Hoeft — 1/24/95 — 407-394-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0201143 CP