

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 20 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 259041 (2)

1. Corporation Name

BANKERS STANDARD INSURANCE COMPANY

Principal Place of Business

**TWO LIBERTY PLACE/1601 CHESTNUT ST.
P.O. BOX 7716
PHILADELPHIA PA 19192**

Mailing Address

**TWO LIBERTY PLACE/1601 CHESTNUT ST.
P.O. BOX 7716
PHILADELPHIA PA 19192**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/15/1962	3a. Date of Last Report 04/29/1994
4. FBI Number 59-1320184	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	

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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, typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☒ Addition
NAME	ENGEL, JAMES D.	1.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA, PA 00000	1.4 CITY - ST - ZIP	19192
TITLE	S	2.1 TITLE	☐ Change ☒ Addition
NAME	MULLIGAN, GEORGE D	2.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	2.4 CITY - ST - ZIP	19192
TITLE	DP	3.1 TITLE	☐ Change ☒ Addition
NAME	FRANKLIN, RICHARD C	3.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	3.4 CITY - ST - ZIP	19192
TITLE	DC	4.1 TITLE	☐ Change ☒ Addition
NAME	ISOM, GERALD A	4.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	4.4 CITY - ST - ZIP	19192
TITLE	VAT	5.1 TITLE	☐ Change ☒ Addition
NAME	BERGSTEINSSON, PAUL	5.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA, PA 0	5.4 CITY - ST - ZIP	19192
TITLE	VT	6.1 TITLE	☐ Change ☒ Addition
NAME	BLENDER, MARCY F.	6.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA, PA 0	6.4 CITY - ST - ZIP	19192

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George D. Mulligan **George D. Mulligan** 4/13/95 (215) 761-2907

BANKERS STANDARD INSURANCE COMPANY (SIS)

259041

ADDRESS:
TWO LIBERTY PLACE, 1601 CHESTNUT STREET
PHILADELPHIA
PENNSYLVANIA 19192

TELEPHONE:
(215) 761-1000

OWNERSHIP: CIGNA REINSURANCE COMPANY - 100%

DIRECTORS

HAROLD W ALBERT

MEMBER OF INVESTMENT COMMITTEE

ROBERT W BURGESS

MEMBER OF INVESTMENT COMMITTEE

JAMES D ENGEL

MEMBER OF EXECUTIVE COMMITTEE

RICHARD C FRANKLIN

ROBERT P IRVAN

GERALD A. ISOM

CHAIRMAN OF EXECUTIVE COMMITTEE

DENNIS P KANE

JOHN A MURPHY, JR.

MEMBER OF EXECUTIVE COMMITTEE

WILLIAM PALGUTT

ARTHUR C. REEDS, III

CHAIRMAN OF INVESTMENT COMMITTEE

RICHARD W WRATTEN

OFFICERS

GERALD A. ISOM

RICHARD C FRANKLIN

CHAIRMAN OF THE BOARD

PRESIDENT

CHIEF UNDERWRITING OFFICER

BARRY L. ADAMS

VICE PRESIDENT

ASSISTANT TREASURER

PAUL BERGSTEINSSON

VICE PRESIDENT

ASSISTANT TREASURER

MARCY F BLENDER

VICE PRESIDENT

TREASURER

AS OF: 01/30/95

