FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 07 1996 8:00 am
Secretary of State

DOCUMENT # **579120** **(7)**

1. Corporation Name

STERLING INVESTORS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
150 SECOND AVENUE NORTH. SUITE 500 ST. PETERSBURG FL 33701	150 SECOND AVENUE NORTH. SUITE 500 ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: **07/14/1978**
3a. Date of Last Report: **03/28/1995**

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

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **59-1838073** ☐ 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 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
Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when filing.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BATES, NEIL L.		12 NAME		
STREET ADDRESS	5070 WHITE PINE CR., NE		13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		14 CITY-ST-ZIP		
TITLE	T	☐ DELETE	21 TITLE	ST	☒ Change ☐ Addition
NAME	PLAS, FRANK C		22 NAME		
STREET ADDRESS	379 FAN PALM COURT, NE		23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		24 CITY-ST-ZIP		
TITLE	D	☒ DELETE	31 TITLE	CD	☐ Change ☒ Addition
NAME	PLATAN, JORMA		32 NAME	RODNEY L. HALE	
STREET ADDRESS	YOKVJA 61		33 STREET ADDRESS	4395 PEMBERTON COVE	
CITY-ST-ZIP	ESPOO FI		34 CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE	D	☒ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME	SILBIGER, THOMAS		42 NAME	CURT R. HAGELMAN	
STREET ADDRESS	90 RIVERSIDE DR., APT 56		43 STREET ADDRESS	748 BUTLERS GATE	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	MARIETTA, GA 30068	
TITLE	D	☒ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME	STUDENT, MICHAEL J.		52 NAME	WADE H.MAYO	
STREET ADDRESS	21 TUDOR LANE		53 STREET ADDRESS	3613 HAYNIE AVE.	
CITY-ST-ZIP	SCARSDALE NJ		54 CITY-ST-ZIP	DALLAS, TX 75205	
TITLE	D	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	ALFIERI, FERDINAND		62 NAME		
STREET ADDRESS	1 PLACE VILLE MARIE, SUITE 2115		63 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QU		64 CITY-ST-ZIP		

CR2E034 (12/95)

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] 2-29-96 813-894-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #