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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 579120 (7)

1. Corporation Name

STERLING INVESTORS LIFE INSURANCE COMPANY

Principal Place of Business

150 SECOND AVENUE NORTH, SUITE 500
ST. PETERSBURG FL 33701

Mailing Address

150 SECOND AVENUE NORTH, SUITE 500
ST. PETERSBURG FL 33701-3340

3. Date Incorporated or Qualified
07/14/1978

3a. Date of Last Report
03/07/1996

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

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 title. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BATES, NEIL L.
STREET ADDRESS 5070 WHITE PINE CR., NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ST ☐ DELETE
NAME PLAS, FRANK C
STREET ADDRESS 379 FAN PALM COURT, NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE CD ☐ DELETE
NAME HALE, RODNEY L
STREET ADDRESS 4395 PEMBERTON COVE
CITY-ST-ZIP ALPHARETTA GA

TITLE D ☐ DELETE
NAME HAGELMAN, CURT R
STREET ADDRESS 748 BUTLERS GATE
CITY-ST-ZIP MARIETTA GA

TITLE D ☒ DELETE
NAME MAYO, WADE H
STREET ADDRESS 3613 HAYNIE AVENUE
CITY-ST-ZIP DALLAS TX

TITLE Vice President/Controller ☐ DELETE
NAME Ogasawara, Michael J. [add]
STREET ADDRESS 13128 Village Chase Circle
CITY-ST-ZIP Tampa, Florida

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME Klaeser, Karl-Heinz
1.3 STREET ADDRESS 4620 Blue Mountain Dr.
1.4 CITY-ST-ZIP Tucson, AZ 85718

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Kunzler, Herbert
2.3 STREET ADDRESS Reidholzstr.26b
2.4 CITY-ST-ZIP 8805 Richterswil, Switzerland

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 1997

(813) 894-7978

Date

Daytime Phone

0071848

CR2E034 (9/96)