

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 800825 (2)

1. Corporation Name

THE FRANKLIN LIFE INSURANCE COMPANY



Principal Place of Business

FRANKLIN SQUARE
SPRINGFIELD ILLINOIS 62713

Mailing Address

FRANKLIN SQUARE
SPRINGFIELD ILLINOIS 62713

3. Date Incorporated or Qualified
02/29/1916

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
37-0281650

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32304

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 607.1506, 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, if applicable)

(NOTE: Registered Agent signature required when not state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME HUMPHREY, HOWARD C.
STREET ADDRESS FRANKLIN SQUARE
CITY- ST- ZIP SPRINGFIELD IL ☐ DELETE

TITLE VD
NAME BEUERLEIN, ROBERT M.
STREET ADDRESS FRANKLIN SQUARE
CITY- ST- ZIP SPRINGFIELD IL ☐ DELETE

TITLE VT
NAME SPENCER, ROBERT G.
STREET ADDRESS FRANKLIN SQUARE
CITY- ST- ZIP SPRINGFIELD IL ☒ DELETE

TITLE VSD
NAME HORVAT, STEPHEN P., JR.
STREET ADDRESS FRANKLIN SQUARE
CITY- ST- ZIP SPRINGFIELD IL ☐ DELETE

TITLE PD
NAME GIBBONS, ROBERT J
STREET ADDRESS FRANKLIN SQUARE
CITY- ST- ZIP SPRINGFIELD IL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE VT ☐ Change ☒ Addition
32 NAME PIRMAN, JEFFREY D.
33 STREET ADDRESS FRANKLIN SQUARE
34 CITY- ST- ZIP SPRINGFIELD, IL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Stephen P. Horvat, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 23, 1996 (217) 528-2011

Day

Daytime Phone #

CR2E034 (12/95)