

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

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 **03/04/1996**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
STATE CAPITOL  
TALLAHASSEE FL 32304**

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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HUMPHREY, HOWARD C.	
STREET ADDRESS	FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEUERLEIN, ROBERT M.	
STREET ADDRESS	FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PIRMANN, JEFFREY D.	
STREET ADDRESS	FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	HORVAT, STEPHEN P., JR.	
STREET ADDRESS	FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIBBONS, ROBERT J	
STREET ADDRESS	FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Devlin, Robert M.	
1.3 STREET ADDRESS	Franklin Square	
1.4 CITY-ST-ZIP	Springfield, IL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Friend, Ross D.	
4.3 STREET ADDRESS	Franklin Square	
4.4 CITY-ST-ZIP	Springfield, IL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: *Robert M. Devlin* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

217-528-2011

Date

Daytime Phone #

0527801

CR2E034 (9/96)