

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90025 016 \*\*\*150.00

DOCUMENT # 800825

1. Corporation Name

THE FRANKLIN LIFE INSURANCE COMPANY

Principal Place of Business

FRANKLIN SQUARE  
SPRINGFIELD ILLINOIS 62713

Mailing Address

FRANKLIN SQUARE  
SPRINGFIELD ILLINOIS 62713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/29/1916

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 #1 Franklin Square

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 #1 Franklin Square

Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME SIMPSON, WILLIAM A  
STREET ADDRESS #1 FRANKLIN SQUARE  
CITY-ST-ZIP SPRINGFIELD IL 62713

TITLE VD ☒ DELETE

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

TITLE VTD ☒ DELETE

NAME BAUCOM, EARL W  
STREET ADDRESS #1 FRANKLIN SQUARE  
CITY-ST-ZIP SPRINGFIELD IL 62713

TITLE V ☐ DELETE

NAME FRIEND, ROSS D  
STREET ADDRESS FRANKLIN SQUARE  
CITY-ST-ZIP SPRINGFIELD IL

TITLE VD ☐ DELETE

NAME REDDICK, GARY D  
STREET ADDRESS #1 FRANKLIN SQUARE  
CITY-ST-ZIP SPRINGFIELD FL 62713

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C D ☒ Change ☐ Addition

1.2 NAME Simpson, William A.  
1.3 STREET ADDRESS #1 Franklin Square  
1.4 CITY-ST-ZIP Springfield, IL 62713-0001

2.1 TITLE P D ☐ Change ☒ Addition

2.2 NAME Nickolson, Michael Merle  
2.3 STREET ADDRESS #1 Franklin Square  
2.4 CITY-ST-ZIP Springfield, IL 62713-0001

3.1 TITLE V D T ☐ Change ☒ Addition

3.2 NAME Beuerlein, Robert M.  
3.3 STREET ADDRESS #1 Franklin Square  
3.4 CITY-ST-ZIP Springfield, IL 62713-0001

4.1 TITLE Assistant Secretary ☐ Change ☒ Addition

4.2 NAME Arthur, Elizabeth E.  
4.3 STREET ADDRESS #1 Franklin Square  
4.4 CITY-ST-ZIP Springfield, IL 62713-0001

5.1 TITLE Controller ☐ Change ☒ Addition

5.2 NAME Christian D. Weiss  
5.3 STREET ADDRESS #1 Franklin Square  
5.4 CITY-ST-ZIP Springfield, IL 62713-0001

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99  
Date

(217) 528-2011  
Daytime Phone #

CR2E034 (11/98)