NAME DIETER WEISS, CHRISTIAN NAME Weiss, Christian D. STREET ADDRESS #1 FRANKLIN SQUARE STREET ADDRESS CIT'-ST-2P UTT-ST-2P SPRINGFIELD IL 62713-0001 Delete TITLE Change Addition NAME BEUERLEIN, ROBERT M. MAME STREET ADDRESS CIT'-ST-2P Change Addition STREET ADDRESS #1 FRANKLIN SQUARE CIT'-ST-2P CIT'-ST-2P CIT'-ST-2P CIT'-ST-2P TITLE VD Delete TITLE NAME STREET ADDRESS CIT'-ST-2P TITLE PD SPRINGFIELD IL 62713-0001 CIT'-ST-2P CIT'-ST-2P CIT'-ST-2P TITLE PD Street ADDRESS STREET ADDRESS #1 FRANKLIN SQUARE CIT'-ST-2P STREET ADDRESS #1 FRANKLIN SQUARE STREET ADDRESS #1 FRANKLIN SQUARE STREET ADDRESS CIT'-ST-2P SPRINGFIELD IL 62713-0001 CT'-ST-2P Springfield, IL 62713-0001 Change STREET ADDRESS STREET ADDRESS FRANKLIN SQUARE STREET ADDRESS STREET ADDRESS #1 Franklin Square STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	2001 UNIFORM BUSINESS REPORT DOCUMENT # 800825 1. Entity Name THE FRANKLIN LIFE INSURANCE COMPANY					-	FILED Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90018 024 ***150.00					
	1 FRANKLIN SQUAF											
City & State City & State 4. FEI Number 37-028 1650 Applied For Most Applicable Zip Country Zip Country S. Certification of Status Desired \$8.75 Acidenced Fee Required 6. Name and Address of Ourgent Registered Agent Name Name Name Name INSURANCE COMMISSIONER STATE CAPTOL TALLAHASSEE FL 32304 Name Name Name Name 8. The above named entry submits the statement for the paryces of changing its registered dagency and entry submits the statement for the paryces of changing its registered dagency and entry for the Name of State Off Feigland dagency and entry failed to a stately its Intengabe Tas state country and entry submits the statement for the paryces of changing its registered dagency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed to a stately its Intengabe Tas state registered agency and entry failed		-										
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Zp Country Zp Country Spectra and Address of Status Desired Mark Status Desired	City & State		City & State			4. F	El Number	37-0281650		Арр	lied For	
See Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent INSURANCE COMMISSIONER STATE CAPTOL TALLAHASSEE FL 32304 Name and Address (PO, Box Number is Not Acceptable) Strict Address (PO, Box Number is Not Acceptable) End above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. In this State of Florea. SIGNATURE Optimize Registered agent action registered agent or bits registered. POTE Registered office or registered agent, or both. In this State of Florea. SIGNATURE Optimize Registered agent action registered agent, or both. In this State of Florea. Stote Address (PO, Box Number is Not Acceptable) Bit Registered agent. POTE Registered agent action registered agent. or both. Data Bit Registered agent action registered agent action registered agent. Data Bit Registered agent action registered agent. Data Bit Registered agent action registered agent action registered agent. Data Bit Registered agent action registered age	Zip	Country	Zip Country			Not Applicable						
INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE FL 32304 Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. ONE SIGMATURE Estate Address (P.O. Box Number is Not Acceptable) ONE 9. This corporation is eligible to satary as interaction ONE Present Address (P.O. Box Number is Not Acceptable) 9. This corporation is eligible to satary as interaction ONE Present Address (P.O. Box Number is Not Acceptable) 9. This corporation is eligible to satary as interactions Inter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Inter Contribution \$5.00 May Be Added to Present Address 11. OFFICERS AND DIFECTORS I2. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 11. UP OF OFFICERS AND DIFECTORS III. 11. OFFICER WEISS, OHRISTIAN Deter III. 11. UP ON Deter III. Deter WEISS, OHRISTIAN 11. UP ON Deter III. III. 11. UP ON Dese III. P/D 11. OFFICERS AND DIFECTORS IN 11 III. III. 11. <	6	5. Name and Address of Current Re	gistered Agent							equired		
STATE CAPITOL TALLAHASSEE FL 3204 Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL City FL Zip Code City FL City FL Zip Code City FL	INICLIDAN				Name			v	<u>v</u>			
City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE guarant, tool of proves of registered agent or both, in the State of Florida. DATE 9. This corporation is alight to the interplate OATE Flue Will be \$55,000 Make Check Payable to Department of State 10. Election Comparing Fluencing Trust Fluen Contribution. Added to Fees 11. OFFICERS AND DIFECTORS IN 11 Image Check Payable to Department of State 10. Election Comparing Fluencing Trust Flue State Check Payable to Department of State 001E Added to Fees 11. OFFICERS AND DIFECTORS IN 11 Image VP/CT/AS/D State Check Payable to Department of State VP/CT/AS/D State Check Payable to Department of State 11. OFFICERS AND DIFECTORS IN 11 Image VP/CT/AS/D State Check Payable to Department of State 11. OFFICERS AND DIFECTORS IN 11 Image VP/CT/AS/D State Payable Check Payable to Department of State 11. OFFICER VERS CHERSTAN Image Payable to Department of State VP/CT/AS/D State Payable Payable to Payable Payable t	STATE CAPITOL					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered office or registared agent, or both, in the State of Florda. SIGNATURE	TALLAHA	ASSEE FL 32304										
SIGNATURE						Zip Code						
Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 10. Elector Campaign Financing Tous Fund Contribution. \$5.00 May Be Added to Fees 11. OFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Title VPCT OFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make DETER WEISS, CHRISTIAN Deters Title VP/CT/AS/D \$2.00 hange Addition Make DETER WEISS, CHRISTIAN Deters Title VP/CT/AS/D \$2.00 hange Addition Make SPRINGFIELD IL 62713:0001 Deters Title NME STRET ADDRESS Change Addition MAKE BEUERLEIN, ROBERT M. MAKe STRET ADDRESS Change Addition MAKE FRIEND, ROSS D Street ADDRESS Change Addition MAKE FRIEND, ROSS D Street ADDRESS Street ADDRESS Street ADDRESS Change Addition STREET ADDRESS STREET ADDRESS CHY-ST-2P Springfield, IL 62713-0001 Change Addition Make FRIEND, ROSS D Street ADDRESS S	Signa											
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13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under onthe that I am an officer or director.	TITLE AS NAME AF STREET ADDRESS #1	s RTHUR, ELIZABETH E 1 FRANKLIN SQUARE	🕱 Delete	NAN STR	/E EET ADDRESS	D Ridleh #1 Fra	uber, nklin	Ronald H. Square	C	Change	X Addition	
SIGNATURE: Muta Line Christian D. Weiss 2/23/01 217-747-2331	of the corpor changed, or	ation or the receiver or trustee empow on an attachment with an esdress, w	th all other like empowered	as requ	lired by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(i) legal effect	, Florida Statutes. I furth as if made under oath; ; and that my name app	er certify the	at the ir officer ok 11 or	iformation or director Block 12 if	