FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 808982 (3)

1. Corporation Name
BENEFICIAL STANDARD LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
11815 N PENNSYLVANIA ST P O BOX 1928 CARMEL IN 46032	11815 N PENNSYLVANIA ST P O BOX 1928 CARMEL IN 46032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1952
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22): P.O. Box 1911
Suite, Apt. #, etc. (27): P.O. Box 1911

City & State (23)
City & State (28)

Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 95-0540891 ☐ 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

COMMISSIONER OF INSURANCE
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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	VT	☐ Change ☒ Addition
NAME	HILBERT, STEPHEN C	1.2 NAME	James S. Adams	
STREET ADDRESS	11815 N PENNSYLVANIA ST	1.3 STREET ADDRESS	11815 N. Pennsylvania St.	
CITY-ST-ZIP	CARMEL IN	1.4 CITY-ST-ZIP	Carmel, IN	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	GONGAWARE, DONALD F	2.2 NAME		
STREET ADDRESS	11815 N PENNSYLVANIA ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN	2.4 CITY-ST-ZIP		
TITLE	VSD	3.1 TITLE		☐ Change ☐ Addition
NAME	INLOW, LAWRENCE W	3.2 NAME		
STREET ADDRESS	11815 N PENNSYLVANIA ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	DICK, ROLLIN M	4.2 NAME		
STREET ADDRESS	11815 N PENNSYLVANIA ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	CUNEO,NGAIRE E.	5.2 NAME		
STREET ADDRESS	11815 N. PENNSYLVANIA ST	5.3 STREET ADDRESS	745 Fifth Avenue Suite 2700	
CITY-ST-ZIP	CARMEL, IN 46032	5.4 CITY-ST-ZIP	New York, New York 10151	
TITLE	P/D	6.1 TITLE		☐ Change ☐ Addition
NAME	TYSON,LYNN C.	6.2 NAME		
STREET ADDRESS	11815 N. PENNSYLVANIA ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN 46032	6.4 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 this report.

SIGNATURE: _____ Robert E. Burkett, Jr. 2/13/95 (317) 817-6119
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0478461 FP