

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 808982 (3)
1. Corporation Name
BENEFICIAL STANDARD LIFE INSURANCE COMPANY



Principal Place of Business: **11815 N PENNSYLVANIA ST
P O BOX 1911
CARMEL IN 46032
US**
Mailing Address: **11815 N PENNSYLVANIA ST
P O BOX 1911
CARMEL IN 46032
US**

3. Date Incorporated or Qualified: **06/30/1952**
3a. Date of Last Report: **02/17/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **95-0540891**
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 (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 the filing date. (NOTE: Registered Agent Signature required for filing.)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HILBERT, STEPHEN C	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GONGAWARE, DONALD F	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL IN	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	INLOW, LAWRENCE W	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DICK, ROLLIN M	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNEO,NGAIRE E.	
STREET ADDRESS	745 FIFTH AVENUE SUITE 2700	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	TYSON,LYNN C.	
STREET ADDRESS	11815 N. PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL IN 46032	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cuneo, Ngaire E.	
1.3 STREET ADDRESS	745 Fifth Avenue Suite 2700	
1.4 CITY-ST-ZIP	New York NY	
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	200001778262	
3.4 CITY-ST-ZIP	-04/15/96--01011--036	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	***200.00	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 this 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EVP, Secretary
General Counsel**
(317) 817-6100
Date: _____ Daytime Phone # _____

CR2E034 (12/95)

4-12-96