

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

Principal Place of Business <b>11815 N PENNSYLVANIA ST P O BOX 1911 CARMEL IN 46032 US</b>		Mailing Address <b>11815 N PENNSYLVANIA ST P O BOX 1911 CARMEL IN 46032 US</b>		3. Date Incorporated or Qualified <b>06/30/1952</b>		3a. Date of Last Report <b>02/17/1995</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>95-0540891</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		30 Country					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COMMISSIONER OF INSURANCE STATE CAPITOL TALLAHASSEE FL 32304</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code <b>FL</b>			
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 _____ <small>(Signature, typed or printed name of registered agent and then applicable date)</small>							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <b>CD</b> <input type="checkbox"/> DELETE NAME <b>HILBERT, STEPHEN C</b> STREET ADDRESS <b>11815 N PENNSYLVANIA ST</b> CITY-ST-ZIP <b>CARMEL IN</b>				1.1 TITLE <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Cuneo, Ngaire E.</b> 1.3 STREET ADDRESS <b>745 Fifth Avenue Suite 2700</b> 1.4 CITY-ST-ZIP <b>New York NY</b>			
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>GONGAWARE, DONALD F</b> STREET ADDRESS <b>11815 N PENNSYLVANIA ST</b> CITY-ST-ZIP <b>CARMEL IN</b>				2.1 TITLE <b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>GONGAWARE, DONALD F</b> 2.3 STREET ADDRESS <b>11815 N PENNSYLVANIA ST</b> 2.4 CITY-ST-ZIP <b>CARMEL IN</b>			
TITLE <b>VSD</b> <input type="checkbox"/> DELETE NAME <b>INLOW, LAWRENCE W</b> STREET ADDRESS <b>11815 N PENNSYLVANIA ST</b> CITY-ST-ZIP <b>CARMEL IN</b>				3.1 TITLE <b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>CUNEO, NGAI E.</b> 3.3 STREET ADDRESS <b>745 FIFTH AVENUE SUITE 2700</b> 3.4 CITY-ST-ZIP <b>NEW YORK NY</b>			
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>DICK, ROLLIN M</b> STREET ADDRESS <b>11815 N PENNSYLVANIA ST</b> CITY-ST-ZIP <b>CARMEL IN</b>				4.1 TITLE <b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>DICK, ROLLIN M</b> 4.3 STREET ADDRESS <b>11815 N PENNSYLVANIA ST</b> 4.4 CITY-ST-ZIP <b>CARMEL IN</b>			
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>CUNEO, NGAI E.</b> STREET ADDRESS <b>745 FIFTH AVENUE SUITE 2700</b> CITY-ST-ZIP <b>NEW YORK NY</b>				5.1 TITLE <b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <b>CUNEO, NGAI E.</b> 5.3 STREET ADDRESS <b>745 FIFTH AVENUE SUITE 2700</b> 5.4 CITY-ST-ZIP <b>NEW YORK NY</b>			
TITLE <b>P/D</b> <input type="checkbox"/> DELETE NAME <b>TYSON, LYNN C.</b> STREET ADDRESS <b>11815 N. PENNSYLVANIA ST</b> CITY-ST-ZIP <b>CARMEL IN 46032</b>				6.1 TITLE <b>P/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <b>TYSON, LYNN C.</b> 6.3 STREET ADDRESS <b>11815 N. PENNSYLVANIA ST</b> 6.4 CITY-ST-ZIP <b>CARMEL IN 46032</b>			
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 an address.							
SIGNATURE: _____ <small>(Signature and typed or printed name of signing officer or director)</small>				EVP, Secretary General Counsel (317) 817-6100			