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FILED

Feb 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
11815 N PENNSYLVANIA ST  
P O BOX 1911  
CARMEL IN 46032  
US

Mailing Address  
11815 N PENNSYLVANIA ST  
P O BOX 1911  
CARMEL IN 46032-4911  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified  
06/30/1952

3a. Date of Last Report  
04/12/1996

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

10. Name and Address of New Registered Agent

COMMISSIONER OF INSURANCE  
STATE CAPITOL  
TALLAHASSEE FL 32304

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 of person or persons of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE	COBD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Hilbert, Stephen C.	
13 STREET ADDRESS	11815 N. Pennsylvania Street	
14 CITY- ST- ZIP	Carmel, IN 46032	
21 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Gongaware, Donald F.	
23 STREET ADDRESS	11815 N. Pennsylvania Street	
24 CITY- ST- ZIP	Carmel, IN 46032	
31 TITLE	EVPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Inlow, Lawrence W.	
33 STREET ADDRESS	11815 N. Pennsylvania Street	
34 CITY- ST- ZIP	Carmel, IN 46032	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Inlow, Lawrence W.	
43 STREET ADDRESS	11815 N. Pennsylvania Street	
44 CITY- ST- ZIP	Carmel, IN 46032	
51 TITLE	SVPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Adams, James S.	
53 STREET ADDRESS	11815 N. Pennsylvania Street	
54 CITY- ST- ZIP	Carmel, IN 46032	
61 TITLE	SVPA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Ruhl, Ronald F.	
63 STREET ADDRESS	11815 N. Pennsylvania Street	
64 CITY- ST- ZIP	Carmel, IN 46032	

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)