**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90149 010 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 810333**

1. Corporation Name

## PEOPLES BENEFIT LIFE INSURANCE COMPANY

Principal Flace	e of Business	Mailing Address					1 (00)81 (010)					
LIBERTY PARK		LIBERTY PARK										
FRAZER PA 19355		FRAZER PA 19355				DO NOT WRITE IN THIS SPACE						
							1 ncorporated or Q 29/1955	ualifed				
2. Principal Pl	lace of Business	2a. Mailing Address					Number				App	lied For
21		26				43-	0378030				No	Applicable
Suite, Fpt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Cert	ifcate of Status De	sired 🔲		•		ditional
22		27							_		e Reg	
City & State		City & State				6. Election Campaign Financing  Trust Fund Contribution			\$5.00 May Be Added to Fees			
23 Zip	Country	<b>28</b>	Coun	ntrv			corporation owes		er Inter		100 117	1 663
24	25	<u> </u>	30	,			sonal Property Tax.			] Yes	[	□No
24	9. Name and Address of Curre		1				ne and Address o		ered A	gent		
				81	Name		<del></del>					
	IRANCE COMMISSIONER		-	82	Street A	A idress (P.O. E	Bo ( Number is Not	Acceptable)				
Capitol Building Tallahassee FL 32304										_		
IALL	ANASSEE FL 32304			83								
			-	84	City		<del></del>			85	Zip C	ode
		7 4500 FL 11 DI 1					t- this statement	for the purpo	FL oo of al	angin	a ite a	egistered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida. Such change was au	ithorized	DV II	named o ne corpo	ration's board (	of directors. I hereb	y accept the	appoint	ment a	ıs reçi	stered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Fori	ida Statu	tes.								
SIGNATURE	Signature, typed or printed name of registered ag	en: and title if applicable. (NO E:	Registered A	Agent	signature re	equired when reinstati	ing	DA	ITE			
12.		N) DIRECTORS	13.				TI DNS/CHANGES	TO OFFICE	RS AND	DIRE	сто	RS IN 12
TITLE	AS	☐X DELETE	1.1 TITE	LE		D/S				Cha	nge	☐ Addition
NAME	MALINYAK, MARY ANN		1.2 NAJ	ME		_	. Vermie					
STREET ADDRESS	LIBERTY PARK		1.3 STREE		ADDRESS		333 Edgewood Road NE edar Rapids, IA 52499					
CITY-ST-ZIP	FRAZER, PA 00000		1.4 CITY-ST		ZIP		<u>apids, IA</u>	52499		C Cha		□ Addition
TITLE	VDS	XX DELETE		2.1 TITLE		D/V				Cha	nge	Addition
NAME	MARTIN, SUSAN			2.2 NAME			K. Clancy	1 1177				
STREET ADDRESS	LIBERTY PARK		2.3 STREET				gewood Roa					
CITY-ST-ZIP	FRAZER PA	XX DELETE	_	2.4 CITY-ST-ZIF 3.1 TITLE		-Cedar R SVP/CIO	<u>apids, IA</u>	52499		Cha	nge .	Addition
TITLE	VD Nesspor, Thomas B.	-ELF DELETE		3.2 NAME		•	C. Kolsru	ıd		-··- بي		
NAME	LIBERTY PARK		1	3.2 NAME  3.3 STREET ADDRE			gewood Roa					
STREET ADDRESS	FRAZER, PA 00000		3.4 CIT		ł		apids, IA					
CITY-ST-ZIP TITLE	T	☐ DELETE	4.1 TITI							Cha	nge .	Addition
NAME	MCCONNELL, MARTHA A		4. 2 NA									
STREET ADDR-:SS	20 MOORES RD		4.3 STF	REET A	ADDRESS							
CITY-ST-ZIP	FRAZER PA 19355		4.4 CIT									
TITLE	P	☐ DELETE	5.1 TITI							Cha	nge	Addition
NAME	HERBERT, BART J		5 2 NA	ME								
STREET ADDRESS	1111 N CHARLES ST		53 STF	REET	ADDRESS							
CITY-ST-ZIP	BALTIMORE MD 21202		54 CIT		ZIP							
TITLE	V	☐ DELETE	6.1 TITI			D/V				[∡Cha	nge	Addition Addition
NAME	SARCIA, DOUGLAS A.		6.2 NAI									
STREET ADDRESS	LIBERTY PARK		6.3 STR	REET/	ADDRESS							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify that the information indicated on this annual feport or suppliemental 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 on 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 charged, or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FRAZER, PA 00000

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Vermie, Secretary

4/26/99

(319)398-8511

Daytime Phone #