

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 810333	
1. Entity Name PEOPLES BENEFIT LIFE INSURANCE COMPANY	

Principal Place of Business 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS, IA 52499	Mailing Address 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS, IA 52499
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DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-0378030	Applied For ☐ Not Applicable
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6. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

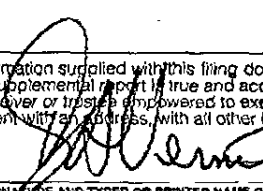
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VERMIE, CRAIG D 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP NORMAN, LARRY N 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, BRIAN A 20 MOORES RD. FRAZER, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEINERS, DIANE 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MODZELEWSKI, KATHLEEN M 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/17/06 60002-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Craig D. Vermie**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary** **3/24/06** **319-398-8511**
Date Daytime Phone #