

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90126 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 811090**

1. Corporation Name

**CONTINENTAL LIFE INSURANCE COMPANY**

Principal Place of Business

**11815 NORTH PENNSYLVANIA STREET  
CARMEL IN 46032  
US**

Mailing Address

**11815 N PENNSYLVANIA ST  
DEPT. A2A  
CARMEL IN 46032  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/11/1956**

4. FEI Number

**75-1302442**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
200 EAST GAINES STREET  
LARSON BUILDING  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **KILIAN, THOMAS J.**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN**

TITLE **SVPA** ☐ DELETE  
NAME **COLLIFFLOWER, MICHAEL A**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN**

TITLE **EVPO** ☐ DELETE  
NAME **DICK, ROLLIN M**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN**

TITLE **SVPT** ☐ DELETE  
NAME **ADAMS, JAMES S**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN**

TITLE **D** ☐ DELETE  
NAME **CUNEO, NGAIRE E**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN**

TITLE **COBD** ☐ DELETE  
NAME **HILBERT, STEPHEN C**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael A. Colliflower*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael A. Colliflower 4/26/99**

(317)817-6000

Date

Daytime Phone #

CR2E034 (11/98)

811090  
532107.90126.25

CONTINENTAL LIFE INSURANCE COMPANY  
OFFICERS AND DIRECTORS

<u>Name</u>	<u>Office</u>
Stephen C. Hilbert	Chairman of the Board , Director
Ngaire E. Cuneo	Director
Thomas J. Kilian	President, Director
Rollin M. Dick	Executive Vice President and Chief Financial Officer , Director
John J. Sabl	Executive Vice President, General Counsel and Secretary , Director
James S. Adams	Senior Vice President and Treasurer
David J. Barra	Senior Vice President, Finance
Robert E. Burkett, Jr.	Senior Vice President, Legal and Assistant Secretary
Michael A. Colliflower	Senior Vice President, Legal, Chief Compliance Officer and Assistant Secretary
Jon F. Davis	Senior Vice President, Actuarial
William T. Devanney, Jr.	Senior Vice President, Corporate Taxes
James S. Hawke	Senior Vice President, Actuarial
Ronald F. Ruhl	Senior Vice President, Chief Actuary
Mark Shaw	Senior Vice President, Actuarial
K. Lowell Short, Jr.	Senior Vice President, Controller
James M. Crafton	Vice President, Financial Reporting
James C. Crampton	Vice President, Corporate Taxes
Marcus A. Dallas	Vice President, Investment Accounting
David D. Humm	Vice President, Corporate Taxes
Louis S. Kanowsky	Vice President, Statutory Reporting
Daniel M. Kiefer	Vice President, Accounting
Joseph L. Maverick	Vice President, Investment Officer
Dennis A. Taylor	Vice President, Financial Reporting
David A. White	Vice President, Marketing
Steven E. Willeke	Vice President, Financial Reporting
Beth A. Eischeid	Second Vice President, Legal
Allan J. Heindl	Second Vice President, Product Approval and Compliance
Jill A. Kirk	Second Vice President, Actuarial
Ty V. Nguyen	Second Vice President, Accounting

The address for the above Officers and Directors is 11815 N. Pennsylvania St.,  
Carmel, IN 46032.