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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 822075

(8)

J.C. PENNEY LIFE INSURANCE COMPANY

Principal Place of Business		Mailing Address	Mailing Address			( WILL MEDIE MEBEL		010(1190)	
2700 W. PLAN PLANO TX 750	2700 W. PLANO PKWY. PLANO TX 75075-8205								
					3. Date Incorporated or Qualifit		Date of Last Ro /07/1996	eport	
2. Principal P	lace of Business	2a. Mailing Address		***************************************	4. FEI Number			plied For	
21		26			03-0164230			t Applicable	
Suite, Apt		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired		\$8.75 A	quired	
City & State	(f)	City & State			6. Election Campaign Financin		\$5.00		
<b>23</b> Zip	Country	<b>28</b>	Country	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	(ar integralia)	Added t		
24	25 29		30		Florida Statutes	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre				10. Name and Address of New	Registered	Agent		
FLO	PRIDA INSURANCE COMMISSIO	NER	81	Name					
	EAST GAINES ST.		82	Street	Address (P.O. Box Number is Not Acce	ptable)	· · · · · · · · · · · · · · · · · · ·		
•	RSON BLDG.								
TAL.	LAHASSEE FL 32399		83						
			84	City		FL	<b>85</b> Zip (	Code	
11 Purcoant	to the provisions of Sections 607.05	02 and 607 1508. Florida State	ites the above	e-named	d corporation submits this statement for t			s registered	
office or r	registered agent, or both, in the State rm familiar with, and accept the oblig	e of Florida. Such change was	authorized by	the cor	poration's board of directors. I hereby a	ccept the ap	pointment as	registered	
•	in ranimar with and account the being	gations of, occupingor.cood, i	ionda oiatote.	э.					
SIGNATURE	Signatur, Typed in presidinancial algestered ag	gent and title Jappincable (NC	TE: Registered Age	ent signature	e tequired when reinstating)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN			
TOTLE	CUDICTENICEN DONALD D	DELETE	11 TITLE				Change	Addition	
NAME	CHRISTENSEN, DONALD B 2700 W PLANO PKWY		1.2 NAME	LDDDDCOO					
STREET ADDRESS	PLANO TX 75075		1.3 STREET 1.4 City - 9		}				
CHTY-ST-ZIF TITLE	PD	DELETE	2.1 TITLE	11" £IF			Change	Addition	
NAME	WILLIAMS, F.A.		2.2 NAME						
STREET ADDRESS	2700 W. PLANO PARKWAY		2.3 STREET	ADDRESS					
CITY-S1-7:P	PLANO TX 75075		2. 4 CITY -	ST-ZIP					
THTLE	V\$	<b>★</b> ★ DELETE	3,1 TITLE		Vice President & Secr	etary	Change	* Addition	
NAME	NABOURS, LARRY A.		3.2 NAME		Morris, Lynn Keith				
STREET ADDRESS	2700 W. PLANO PARKWAY PLANO TX 75075				2700 West Plano Parky Plano, Texas 75075-8	ay Dana			
CITY-ST-ZIP TITLE	DC	DELETE	3.4. CfTY-: 4.1 TITLE	SI - 7.IP	Plano, Texas 75075-8	200	Change	Addition	
NAME	SPURLOCK, TED L	Land Court	4. 2 NAME						
STREET ADDRESS	6501 LEGACY DRIVE			AODRESS					
CITY-ST-ZIP	PLANO TX 75024-0007		4.4 CHY-5	ST-ZIP					
TITLE	D	XX DELETE	5.1 TITLE		Director		Change	xx Addition	
NAME	NORTHAM, R C		5.2 NAME		McKay, Donald A.				
STREET ADDRESS	6501 LEGACY DRIVE			ADDRESS	6501 Legacy Drive				
CHY-ST-ZIP	PLANO TX 75075-0007	DELETE	5.4 CITY - 5	ST - <b>Z</b> IP	Plano, Texas 75075-	0007	☐ Change	Addition	
TITLE NAME	SUITER, G E	["] DEFEIF	6.1 TITLE 6.2 NAME				⊏1 eumiña	LJ Addition	
STREET ADDRESS	2700 W. PLANO PARKWAY		6.3 STREE	I ADDRESS					
CITY+ST-ZIP	PLANO TX 75075		64 CITY-5						
14. Ldo here	eby certify that the information suppli	ed with this filing does not qua	lify for the exe	emotion	stated in Section 119.07(3)(i), Florida Sta	atutes. I furth	er certify that	the	
informatic Lam en d appears	on indicated on this annual/leport or officer or director of the comporation of in Block 12 or Block 13 yishaagad,	supplemental annual report is or the receiver or trustee empo of on an attachment with an ac	true and acc wered to exec ddress.	urate and cute this	of that my signature shall have the same report as required by Chapter 607, Flori	iegai effect i da Statutes;	as if made un and that my r	der oath; tha' name	

SIGNATURE:

TRIRE AND TYPE D OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 (972)881-6466

**FILED** 

Feb 12 1997 8:00am

Secretary of State