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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 8:30

DOCUMENT # **824954** **(2)**

1. Corporation Name
CONCORD GENERAL LIFE INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
4 BOUTON STREET CONCORD NEW HAMPSHIRE 03301	4 BOUTON STREET CONCORD NEW HAMPSHIRE 03301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/18/1970	3a. Date of Last Report: 03/14/1994
4. FEI Number: 02-0268648	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HIERS, DAVID
BELL, HAHN, SCHUSTER, WHEELER & WILLIAMS
119 WEST GARDEN STREET (P.O. BOX 12564)
PENSACOLA FL 32501

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BLOSSOM, CHARLES N JR	1.2 NAME		
STREET ADDRESS	4 BOUTON ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD, N H 03301	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, GEORGE ROBERT	2.2 NAME		
STREET ADDRESS	4 BOUTON ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD, N H 03301	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DESMOND, JOSEPH ANDREW	3.2 NAME		
STREET ADDRESS	4 BOUTON STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD NH	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	MORETTE, LINDA JOY	4.2 NAME	Wilson, Linda Joy	
STREET ADDRESS	4 BOUTON STREET	4.3 STREET ADDRESS	4 Bouton Street	
CITY-ST-ZIP	CONCORD NH	4.4 CITY-ST-ZIP	Concord, NH 03301	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	UPTON, RICHARD F.	5.2 NAME		
STREET ADDRESS	110 CENTRE STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD, NH 03301	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	INGHAM, WILLIAM C	6.2 NAME		
STREET ADDRESS	51 RIDGE RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD, NH 03301	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Linda J. Wilson — March 1, 1995 — (603) 224-4086 X200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Linda J. Wilson

0489733 FN