

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

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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 824954 (2)
 1. Corporation Name
CONCORD GENERAL LIFE INSURANCE COMPANY, INC.



Principal Place of Business 4 BOUTON STREET CONCORD NEW HAMPSHIRE 03301	Mailing Address 4 BOUTON STREET CONCORD NEW HAMPSHIRE 03301-5006
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3. Date Incorporated or Qualified 08/18/1970	3a. Date of Last Report 02/26/1996
4. FEI Number 02-0268648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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


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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOSSOM, CHARLES N JR		1.2 NAME Desmond, Joseph Andrew	
STREET ADDRESS 4 BOUTON ST		1.3 STREET ADDRESS 4 Bouton St.	
CITY-ST-ZIP CONCORD, N H 03301		1.4 CITY-ST-ZIP Concord, NH 03301	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WALKER, GEORGE ROBERT		2.2 NAME Morehouse, George Harold	
STREET ADDRESS 4 BOUTON ST		2.3 STREET ADDRESS 4 Bouton St.	
CITY-ST-ZIP CONCORD, N H 03301		2.4 CITY-ST-ZIP Concord, NH 03301	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DESMOND, JOSEPH ANDREW		3.2 NAME Burke, Gerald Thomas	
STREET ADDRESS 4 BOUTON STREET		3.3 STREET ADDRESS 4 Bouton St.	
CITY-ST-ZIP CONCORD NH		3.4 CITY-ST-ZIP Concord, NH 03301	
TITLE T D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILSON, LINDA J.		4.2 NAME Neville, Joseph Patrick	
STREET ADDRESS 4 BOUTON STREET		4.3 STREET ADDRESS 4 Bouton St.	
CITY-ST-ZIP CONCORD NH		4.4 CITY-ST-ZIP Concord, NH 03301	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME UPTON, RICHARD F.		5.2 NAME Taggart, Bruce Currier	
STREET ADDRESS 110 CENTRE STREET		5.3 STREET ADDRESS 4 Bouton St.	
CITY-ST-ZIP CONCORD, NH 03301		5.4 CITY-ST-ZIP Concord, NH 03301	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME INGHAM, WILLIAM C		6.2 NAME Nordberg, Peter Nicholas	
STREET ADDRESS 51 RIDGE RD		6.3 STREET ADDRESS 4 Bouton St.	
CITY-ST-ZIP CONCORD, NH 03301		6.4 CITY-ST-ZIP Concord, NH 03301	

14. I do 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.

SIGNATURE:  **January 28, 1997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Linda J. Wilson**
 (603) 224-4086 Daytime Phone #

CR2E034 (9/96)

Additions/Changes to Officers and Directors:

Title: D
Name: Reid, John Crawford
Street: 4 Bouton St.
City-ST-Zip: Concord, NH 03301

Title: D
Name: Patz, Lawrence Charles
Street: 4 Bouton St.
City-ST-Zip: Concord, NH 03301

Title: D
Name: Grappone, Robert John
Street: 4 Bouton St.
City-ST-Zip: Concord, NH 03301

Title: D
Name: Rocheford, Paul
Street: 4 Bouton St.
City-ST-Zip: Concord, NH 03301