

5-14-98 B7337C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Pillsbury Square Suite, Apt. #, etc. 22 City & State 23 Concord, NH 24 Zip 03302-2020 Country U.S.A.		2a. Mailing Address 26 1776 AHL Drive Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL 29 Zip 32224-6688 Country U.S.A.		3. Date Incorporated or Qualified 08/18/1970 4. FEI Number 02-0268648 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PD
NAME	DESMOND, JOSEPH ANDREW	1.2 NAME	Lawrence C. Patz
STREET ADDRESS	4 BOUTON ST	1.3 STREET ADDRESS	One Pillsbury Street
CITY-ST-ZIP	CONCORD, N H 03301	1.4 CITY-ST-ZIP	Concord, NH 03302-2020
TITLE	D	2.1 TITLE	CD
NAME	MOREHOUSE, GEORGE HAROLD	2.2 NAME	T. O'Neal Douglas
STREET ADDRESS	4 BOUTON ST	2.3 STREET ADDRESS	1776 American Heritage Life Drive
CITY-ST-ZIP	CONCORD, N H 03301	2.4 CITY-ST-ZIP	Jacksonville, FL 32224-6688
TITLE	D	3.1 TITLE	VC/D
NAME	BURKE, GERALD THOMAS	3.2 NAME	C. Richard Morehead
STREET ADDRESS	4 BOUTON STREET	3.3 STREET ADDRESS	1776 American Heritage Life Drive
CITY-ST-ZIP	CONCORD NH	3.4 CITY-ST-ZIP	Jacksonville, FL 32224-6688
TITLE	D	4.1 TITLE	TD
NAME	NEVILLE, JOSEPH PATRICK	4.2 NAME	John K. Anderson, Jr.
STREET ADDRESS	4 BOUTON STREET	4.3 STREET ADDRESS	1776 American Heritage Life Drive
CITY-ST-ZIP	CONCORD NH	4.4 CITY-ST-ZIP	Jacksonville, FL 32224-6688
TITLE	D	5.1 TITLE	VSD
NAME	TAGGART, BRUCE CURRIER	5.2 NAME	Virginia Phipps
STREET ADDRESS	4 BOUTON ST.	5.3 STREET ADDRESS	One Pillsbury Street
CITY-ST-ZIP	CONCORD, NH 03301	5.4 CITY-ST-ZIP	Concord, NH 03302-2020
TITLE	D	6.1 TITLE	VD
NAME	NORDBERG, PETER NICHOLAS	6.2 NAME	John S. Leiby
STREET ADDRESS	4 BOUTON ST.	6.3 STREET ADDRESS	One Pillsbury Street
CITY-ST-ZIP	CONCORD, NH 03301	6.4 CITY-ST-ZIP	Concord, NH 03302-2020

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.

SIGNATURE _____

CR2E034 (10/97)

**ADDITIONAL DIRECTOR FOR
CONCORD GENERAL LIFE INSURANCE COMPANY**

1. David L. Bird - D