FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825197 (7)

1. Corporation Name
BENEFICIAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
36 SOUTH STATE STREET SALT LAKE CITY UT 84136-0001 US	36 SOUTH STATE STREET SALT LAKE CITY UT 84136-0001 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/15/1970	3a. Date of Last Report: 03/25/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
4. FEI Number: 87-0115120	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) Country (25)	Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMM
STATE CAPITOL
TALLAHASSEE, FL
32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HORROCKS, JAY B	1.2 NAME		
STREET ADDRESS	1467 INDIAN HILLS DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY, UT 00000	1.4 CITY-ST-ZIP		
TITLE	VA	2.1 TITLE		☐ Change ☐ Addition
NAME	CANNON, KENT H.	2.2 NAME		
STREET ADDRESS	2269 WYOMING	2.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HUNTER, HOWARD W	3.2 NAME	Packer, Boyd K.	
STREET ADDRESS	47 E SOUTH TEMPLE	3.3 STREET ADDRESS	47 E South Temple	
CITY-ST-ZIP	SALT LAKE CITY UT	3.4 CITY-ST-ZIP	Salt Lake City, UT 84150	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBBINS, MILAN B	4.2 NAME		
STREET ADDRESS	4500 BROCKBANK DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY, UT 00000	4.4 CITY-ST-ZIP		
TITLE	VT	5.1 TITLE		☐ Change ☐ Addition
NAME	CUNDICK, BRUCE H.	5.2 NAME		
STREET ADDRESS	4035 SPLENDOR CRCL.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	COLES JR, JOHN E	6.2 NAME		
STREET ADDRESS	3796 S BOUNTIFUL BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOUNTIFUL UT	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)(k), 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: Bruce H. Cundick Bruce H. Cundick 4/24/95 (801) 531-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481241 FN