## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 825197

1. Corporation Name

**(7)** 

BENEFICIAL LIFE INSURANCE COMPANY

Principal Place of Business
36 SOUTH STATE STREET SALT LAKE CITY UT 84136-0009
US

Mailing Address

36 SOUTH STATE STREET SALT LAKE CITY UT 84136-0001 HS



City & State    City & State   City & State   City & State   Section Campaign Financing   St.00 May Be Added to Fees   Section Address of Current Registered Agent   Section Address of Current Registered Agent   Section Address of Current Registered Agent   Section Address of Now Re				00				Ţ	3. Date Incorporated or Qualif		e of Last F		
Suite, Apt. P., etc.   28   Stute	2 Principal Pla	oo of Busine		100 M * 111							04/20/1		
Suite, Apt. #, etc.  27	<del></del> 1	CE DI DUSIN	255	<del></del>	<del></del>								
Comparison   Com	<del></del>	nto.							0/70115120			Not Applicable	
25   27   Country   27   Country   27   Country   28   30   Country   29   30   Country   29   30   Statutes   199.032   29   30   Statutes   199.032   29   30   Statutes   199.032   29   29   29   29   30   Statutes   199.032   29   29   29   30   Statutes   199.032   29   29   29   29   29   29   29	22	, etc.							5. Certificate of Status Desired	5 <b></b>			
28    29    29    20	-			City & State					6. Election Campaign Financin		\$5.0	0 May Be	
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  FLORIDA STATE INSURANCE COMM STATE CAPITOL TALLAHASSEE, FL 32301  11. Furnish to the prodecors of Sections 607 6002 and 607 1508. Finded Statutes. The above named corporation submits this statement for the purpose of changing its registered difference with in the State of Foreign Such dange wide authority by the corporation's submits this statement for the purpose of changing its registered office registered agent, or both in the State of Foreign Such dange wide authority by the corporation's submits this statement for the purpose of changing its registered office registered agent, and the statement for the purpose of changing its registered difficulties with, and accept the obligations of Section 607 0505. Florida Statutes  SIGNATURE  500A1URE  500A1U				28					Trust Fund Contribution	🗀			
9. Name and Address of Current Registered Agent  FLORIDA STATE INSURANCE COMM STATE CAPITOL TALLAHASSEE, FL 32001  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes the above named comparation submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was autinomized by the corporation's board of directors (nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was autinomized by the corporation's board of directors (nereby accept the appointment as registered agent. I am familier with, and accept the originated agent on 607.0505, Phone Statutes.  SIGNATURE PD	<b>—,</b> '	,	<del></del> -	<del></del>	Country				8. This corporation has liability	for intangible t	ax under s	199.032,	
FLORIDA STATE INSURANCE COMM STATE CAPITOL TALLAHASSEE, FL 32011  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statuties the above-named corporation submits this statement for the purpose of changing its registered of registered agent, or both, in the State of Florida. Such changing was authorized by the corporation submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of other to the purpose of changing its registered of directors. I hereby accept the appointment as registered of other to the provisions of Section 607.0502, Florida Statuties.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PD	24]				30					-			
FLORIDA STATE INSURANCE COMM STATE CAPITOL TALLAHASSEE, FL 32301  11. Pursuant to the provisions of Sections 607.6502 and 607.1506. Florida Statutes, the above-named corporation submits this statement for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of configuration for the purpose of Changing its registered of changing its registe		9. Name	and Address of Curren	Registered Agent		- 1							
STATE CAPITOL TALLAHASSEE, FL 32301  11. Pursuant to the provisions of Sections 607 0NCV and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered of corresponding to both, in the State of Foorids Such change was authorized by the corporation's board of directors it hereby accept the appointment as registered agent, or both, in the State of Foorids Such change was authorized by the corporation's board of directors it hereby accept the appointment as registered agent, I am statement for the purpose of changing its registered directors it hereby accept the appointment as registered agent. I am statement for the purpose of changing its registered directors in hereby accept the appointment as registered agent. I am statement for the purpose of changing its registered directors in hereby accept the appointment as registered agent. I am statement for the purpose of changing its registered of directors in hereby accept the appointment as registered directors. I am statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent. I am statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent. I am statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent. I am statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered different in the purpose of changing accept the appointment as							Name	ne					
STATE CAPITOL TALLAHASSEE, FL 32301  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statuties, the above named corporation submits this statement for the purpose of changing its registered of corregistered 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 disperied, and accept the obligations of, Section 607.0505, Florida Statuties framiliar white, and accept the obligations of, Section 607.0505, Florida Statuties Signature  Signature  Synutre freed in president agent and their injurable.  PD	FLORIDA STATE INSURANCE COMM						Street A	Street Address (P.O. Box Number is Not Acceptable)					
32301  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statuties. the above-named corporation submits this statement for the purpose of changing its 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 canniar with, and accept the obligations of Section 607.0506, Florida Statuties.  SIGNATURE  By Discription of pointed name of registered agent a						-		A Fraction (F. O. Dox Harring) is Not Acceptable)					
Section Section 607.0502 and 607.1505, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered of 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 antimize vith, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE	TALLAH	assee, fi				63							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statuties. The above-named corporation submits this statement for the purpose of changing its registered digent. I am completed 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 digent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.  SIGNATURE  Bigulous board or pixtled name? registered eigent at IEU Tagk abb.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE PD D DELETE 11.111LE PD D DELETE 11.111LE 2269 Wyoming SALT LAKE CITY, UT 00000  14.011/5-7.2P Salt Lake City, UT  NAME  CANNON, KENT H.  22. WAB.  SIRRET ADDRESS  SALT LAKE CITY UT  D D DELETE 31.11LE D DELETE 31.11LE D D DELETE 31.11LE D DELE	32301						0		·				
Signature   Superior Specified Specified Colors   Food Statutes						84	City			FI	85   Zi	ip Code	
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE PD CANON. KENT H.  SIRRET ADDRESS CITY-ST-ZIP SALT LAKE CITY, UT 00000  14 CITY-ST-ZIP THE VA NAME CANNON, KENT H.  22 NAME CANNON, KENT H.  22 NAME CITY-ST-ZIP SALT LAKE CITY UT THE D SALT LAKE CITY UT  10 DELETE SALT	familiar with	, and accep	oth, in the State of Florid of the obligations of, Section	a. Such change was authoriz on 607.0505, Florida Statutes	ed by the c	orpo	ration's b	ooard o	directors. I hereby accept the	appointment as	anging its registered	d agent. I am	
THILE		,				egent :	signature red	gurea whe			DIDECTO	000 IN 10	
HORROCKS, JAY B  1467 INDIAN HILLS DR  SALT LAKE CITY, UT 00000  14CHY-ST-ZP  SALT LAKE CITY, UT 00000  14CHY-ST-ZP  SALT LAKE CITY, UT 00000  14CHY-ST-ZP  SALT LAKE CITY UT  111LE  CANNON, KENT H.  2269 WYOMING  SIRRET ADDRESS  CITY-ST-ZP  SALT LAKE CITY UT  DELETE  3 1 FITLE  D		PD	O/ HOLHO / INC	<del></del>		ti E	· · · · · · · · · · · · · · · · · · ·	Ph	ADDITIONS/OHANGES TO				
STREET ADDRESS  1467 INDIAN HILLS DR SALT LAKE CITY, UT 00000  1011			OCKS JAY R	M beerie				• • • • • • • • • • • • • • • • • • • •	an Vant II	'		LA Addition	
SALT LAKE CITY, UT 00000  14CITY-ST-ZP  SALT LAKE CITY, UT 00000  14CITY-ST-ZP  VA  CANNON, KENT H.  22 NAME  2269 WYOMING  SALT LAKE CITY UT  11/LE  D  Simmons, Roy W.  One South Main Street  SALT LAKE CITY UT  11/LE  D  NAME  PACKER, BOYD K.  47 E SOUTH TEMPLE  SALT LAKE CITY UT  34 CITY-ST-ZP  NAME  ROBBINS, MILAN B  STREET ADDRESS  GITY-ST-ZP  SALT LAKE CITY, UT 00000  44 CITY-ST-ZP  TITLE  VT  DELETE  41 TITLE  CHANGE  43 STREET ADDRESS  GITY-ST-ZP  TITLE  VT  DELETE  51 TITLE  CHANGE  Addition  Change  Change  Change  Addition  Change  Change  Addition  Change  Chan	_						- 1	_	•				
TITLE  NAME  CANNON, KENT H.  2269 WYOMING  SIREET ADDRESS  CITY-ST-ZIP  SALT LAKE CITY UT  DELETE  SALT LAKE CITY UT  DELETE  SALT LAKE CITY UT  DELETE  SALT LAKE CITY UT  DELETE  A 1 ITILE  CO  Change  Addition  CHANGE  CHANGE  ADDITION  CHANGE	!								,				
NAME  CANNON, KENT H.  22 NAME SIREET ADDRESS CHY-ST-ZIP  D  DELETE  AAME PACKER, BOYD K.  47 E SOUTH TEMPLE SALT LAKE CITY UT  STREET ADDRESS CHY-ST-ZIP  TITLE  S  ROBBINS, MILAN B AME ROBBINS, MILAN B ASTREET ADDRESS CHY-ST-ZIP  TITLE  VT  DELETE  SALT LAKE CITY, UT 00000  44 CHY-ST-ZIP  TITLE  VT  DELETE  STREET ADDRESS CHY-ST-ZIP  TITLE  VC  DELETE  STREET ADDRESS CHY-ST-ZIP  TITLE  VC  DELETE  STREET ADDRESS SALT LAKE CITY UT  SALT LAKE CITY UT  DELETE  STREET ADDRESS S			ANE CITT, UT 00000	for printe				• • • • • • • • • • • • • • • • • • • •					
SIREET ADDRESS CHY-SI-ZIP SALT LAKE CITY UT  DELETE SALT LAKE CITY UT  DELETE SALT LAKE CITY UT  SALT LAKE CITY UT  DELETE SALT LAKE CITY UT  SALT LAKE CITY UT  DELETE SALT LAKE CITY UT  SALT LAKE CITY UT  DELETE SALT LAKE CITY UT  Change Addition  ADDELETE A 1 DTLE SALT LAKE CITY, UT 00000  TITLE VT DELETE SALT LAKE CITY UT  SA	I		N VENT U	N DELETE				D		I	Change	** Addition	
CHY-SI-ZIP SALT LAKE CITY UT  DELETE D	I		•					Simm	nons, Roy W.				
DELETE   D	!				2 3 516	REET A	DDRESS	One South Main Street					
NAME PACKER, BOYD K.  \$\frac{32 \text{ NAME}}{32 \text{ NAME}} \]  \$\frac{32 \text{ NAME}}{33 \text{ STREEL ADDRESS}} \]  \$\frac{32 \text{ NAME}}{34 \text{ CITY - ST - ZIP}} \]  \$32 \text{ NAM			ANE CITT UI					Sal:	t Lake City, UT	84111			
SIREEI ADDRESS  47 E SOUTH TEMPLE SALT LAKE CITY UT  34 CITY-ST-ZIP  TITLE S DELETE A 1 TITLE S CHANGE ASSIREET ADDRESS SALT LAKE CITY, UT 00000  42 NAME ASSIREET ADDRESS CITY-ST-ZIP NAME CUNDICK, BRUCE H. SIREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT  STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT  STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT  STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT  STREET ADDRESS STREET AD	1		0.00001/	☐ DEFE1E	3. 1 Trī	LE		CD		. [	🔀 Change	Addition	
SALT LAKE CITY UT  34 CITY-ST-ZIP  TITLE  S  ROBBINS, MILAN B  A500 BROCKBANK DR  CITY-ST-ZIP  SALT LAKE CITY, UT 00000  44 CITY-ST-ZIP  NAME  CUNDICK, BRUCE H.  SIREET ADDRESS  CITY-ST-ZIP  NAME  CUNDICK, BRUCE H.  SIREET ADDRESS  SALT LAKE CITY UT  SALT LAKE CITY UT  DELETE  5 1 TITLE  CUNDICK, BRUCE H.  5 2 NAME  5 3 STREET ADDRESS  SALT LAKE CITY UT			_ •		3.2 NAI	ME							
DELETE 4 1 TITLE Change Addition  ROBBINS, MILAN B  42 NAME 4500 BROCKBANK DR 61TY-ST-ZIP  TITLE VT DELETE  Addition  DELETE  4 1 TITLE  4.2 NAME 4.3 SIREET ADDRESS  ALT LAKE CITY, UT 00000  TITLE  VT DELETE  5 1 TITLE  CHANGE  5 2 NAME 5 2 NAME 5 2 NAME 5 3 STREET ADDRESS 6 1 TITLE  V DELETE  5 1 TITLE  V DELETE  6 1 TITLE  V DRAME 6 2 NAME 6 2 NAME 6 3 STREET ADDRESS 6 4 DELETE  Change Addition Change Addition Change Addition Change Addition Park Center	STREET ADDRESS				3.3. \$1	REF1 A	ADDRESS						
ROBBINS, MILAN B 4500 BROCKBANK DR 51FIEFT ADDRESS CITY-ST-ZIP NAME CUNDICK, BRUCE H. SIREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT  DELETE 5 1 TITLE CUNDICK, BRUCE H. 5 2 NAME 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP V  DELETE 5 1 TITLE D Change Addition Change COLES JR, JOHN E 3796 S BOUNTIFUL BLVD 63 STREET ADDRESS 6925 Union Park Center			AKE CITY UT		3.4 CIT	Y-ST-	-ZIP		<b></b>				
4500 BROCKBANK DR   4.3 SIREET ADDRESS   SALT LAKE CITY, UT 00000	TITLE	-		☐ DELETE	4 1 TH	LE				[	Change	Addition	
CITY-SI-ZIP  SALT LAKE CITY, UT 000000  4.4 CITY-SI-ZIP  TITLE  VT  NAME  CUNDICK, BRUCE H.  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-SI-ZIP  TITLE  V  SALT LAKE CITY UT  5.4 CITY-SI-ZIP  TITLE  V  COLES JR, JOHN E  STREET ADDRESS  COLES JR, JOHN E  STREET ADDRESS  TO STREE	NAME				4.2 NA	ME							
TITLE VT	STREET ADDRESS		–		4.3 STF	REET AL	DDRESS						
DELETE	CITY-ST-ZIP	SALT L	AKE CITY, UT 00000		4.4 CIT	Y-\$1-	· ZIP						
NAME CUNDICK, BRUCE H. 4035 SPLENDOR CRCL. 53 STREET ADDRESS CITY-ST-ZIP TITLE V NAME COLES JR, JOHN E STREET ADDRESS STREET ADDRESS TO DELETE 62 NAME Rasmussen, Rulon E. 63 STREET ADDRESS 6925 Union Park Center	TITLE			_				[7 0			Change	Addition	
SALT LAKE CITY UT   54 CITY ST-ZIP   SALT LAKE CITY UT   54 CITY ST-ZIP      Filte   V	NAME	CUNDIC	CK, BRUCE H.		5.2 NA	ME				·			
CITY-ST-ZIP  SALT LAKE CITY UT  TITLE  V  NAME  COLES JR, JOHN E  STREEI ADDRESS  STREEI ADDRESS  COLES JR, JOHN E  62 NAME  Rasmussen, Rulon E.  63 STREEI ADDRESS  6925 Union Park Center	STREET ADDRESS	4035 S	PLENDOR CRCL.				DORESS						
TITLE V DELETE 5 TITLE D Change Addition  COLES JR, JOHN E  STREEL ADDRESS STREET ADDRESS 6925 Union Park Center	CITY-ST-ZIP												
NAME COLES JR, JOHN E  3796 S BOUNTIFUL BLVD  62 NAME Rasmussen, Rulon E. 63 SIREET ADDRESS 6925 Union Park Center		٧		<b>∑</b> DELETE				<u> </u>		г	Change	T-Addition	
STREEL ADDRESS 3796 S BOUNTIFUL BLVD 63STREET ADDRESS 6925 Union Park Center	NAME	COLES	JR. JOHN E	-44					nunna nulas T	L	onange	LX Addition	
PAINTIFIE IT													
■ 64CITY-ST-ZIP   Midvale, UT 84047	1	BOLINIT	ICIN ACC					6925	Union Park Cent	ter			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the everyties stated in Section 2.	14. I do hereby	certify that t	he information supplied w	ith this filing is valuntarily fund	64 CIT	Y-\$T-	ZIP 1	Midz	/ale, UT 84047	110.07/07/1	Till Out I		

Ido 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee enpowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

(801) 933-1100

Daytinic Phone ▶

CKZE034 (1