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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

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

3. Date Incorporated or Qualified 10/15/1970	3a. Date of Last Report 04/16/1996
4. FEI Number 87-0115120	☐ 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	

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 Section 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	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	CANNON, KENT H.		1.2 NAME
STREET ADDRESS	2269 WYOMING		1.3 STREET ADDRESS
CITY-ST-ZIP	SALT LAKE CITY, UT 00000		1.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	SIMMONS, ROY W.		2.2 NAME
STREET ADDRESS	ONE SOUTH MAIN ST		2.3 STREET ADDRESS
CITY-ST-ZIP	SALT LAKE CITY UT		2.4 CITY-ST-ZIP
TITLE	CD	☒ DELETE	3.1 TITLE CD ☐ Change ☒ Addition
NAME	PACKER, BOYD K.		3.2 NAME Yancey, Harold"C"
STREET ADDRESS	47 E SOUTH TEMPLE		3.3 STREET ADDRESS 270 Sunset View Drive
CITY-ST-ZIP	SALT LAKE CITY UT		3.4 CITY-ST-ZIP Centerville, UT 84014
TITLE	S	☒ DELETE	4.1 TITLE S ☐ Change ☒ Addition
NAME	ROBBINS, MILAN B		4.2 NAME Lewis, Ted D.
STREET ADDRESS	4500 BROCKBANK DR		4.3 STREET ADDRESS 1155 West 400 North
CITY-ST-ZIP	SALT LAKE CITY, UT 00000		4.4 CITY-ST-ZIP Salt Lake City, UT 84116
TITLE	VT	☐ DELETE	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	D	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	RASMUSSEN, RULON E.		6.2 NAME
STREET ADDRESS	6925 UNION PARK CENTER		6.3 STREET ADDRESS
CITY-ST-ZIP	MIDVALE UT		6.4 CITY-ST-ZIP

CR2E034 (9/96)

14. I further 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: Bruce H. Cundick Bruce H. Cundick Vice President/Treasurer 2/21/97 (801) 933-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496840