FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Sep 11 1997 8:00 am
Secretary of State

DOCUMENT # **834597** **(7)**

1. Corporation Name
FIRST LIFE ASSURANCE COMPANY

Principal Place of Business	Mailing Address
5635 W. 74TH ST **INDIANAPOLIS IN 46278-1757**	**5635 W. 74TH ST** **INDIANAPOLIS IN 46278-1757**

3. Date Incorporated or Qualified: **07/01/1975**
3a. Date of Last Report: **09/19/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: ~~73-0751823~~ 35-1975418 ☐ 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

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	1.1 TITLE	DC	☒ Change ☐ Addition
NAME	ROONEY, J. PATRICK		1.2 NAME		
STREET ADDRESS	7135 ALMADEN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46278		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	PTD	☒ Change ☐ Addition
NAME	SUTTLES, RANDAL E		2.2 NAME		
STREET ADDRESS	6354 N. 575 E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN IN 46131		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KATT, SUZANNE E		3.2 NAME	900002292379--2	
STREET ADDRESS	5857 JULIAN AVE		3.3 STREET ADDRESS	-09/15/97--01002--002	
CITY-ST-ZIP	INDIANAPOLIS IN 46219		3.4 CITY-ST-ZIP	****550.00 ****550.00	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARR, PATRICK		4.2 NAME		
STREET ADDRESS	10922 BRIGANTINE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46256		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NASSER, WILLIAM K		5.2 NAME		
STREET ADDRESS	10662 WINTERWOOD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN 46204		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HUBBARD, ALLAN B		6.2 NAME		
STREET ADDRESS	101 W. OHIO ST, SUITE 1350		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Suzanne L. Katt (317) 329-8222 9/11/97
Suzanne L. Katt Secretary/Vice President