

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 840052

1. Corporation Name

UNITED GENERAL LIFE INSURANCE COMPANY

5-1-96 B-5191 C
(5)



Principal Place of Business

3220 TILLMAN DRIVE
P.O. BOX 49982
BENSALEM PA 19020
US

Mailing Address

3220 TILLMAN DR.
BENSALEM PA 19020
US

3. Date Incorporated or Qualified

02/17/1978

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

75-1429981

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24

25

29

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITAL BUILDING
TALLAHASSEE FL 32304

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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	<input type="checkbox"/> DELETE
NAME	POWELL, JOHN A.	
STREET ADDRESS	180 STREET ROAD	
CITY-ST-ZIP	NEW HOPE PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	IACOVETTI, BENEDICT J	
STREET ADDRESS	102 NORRISTOWN ROAD	
CITY-ST-ZIP	BLUE BELL PA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MANKOWSKI, SUSAN	
STREET ADDRESS	1194 ELBERTA DR.	
CITY-ST-ZIP	BENSALEM PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BLECHARCZYK, TED	
STREET ADDRESS	1716 MCNELIS DRIVE	
CITY-ST-ZIP	SOUTHAMPTON PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWELL, DEBRA	
STREET ADDRESS	1006 TORNTON COURT	
CITY-ST-ZIP	NORTH WALES PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONRAD, WALTER	
STREET ADDRESS	SMITH LAKE SHORES/9701 S.E. C-25, LOT 182	
CITY-ST-ZIP	BELLEVIEW FL	

1.1 TITLE	D WALTER JOHN DIENER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	13 FETLOCK LANE	
1.3 STREET ADDRESS	PLUC Bell, PA 19422	
1.4 CITY-ST-ZIP		
2.1 TITLE	D ARNOLD Henry Kaehn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	215 Church Rd.	
2.3 STREET ADDRESS	King of Prussia, PA 19406	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Box 9/10/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42396

215 244 1600

CR2E034 (12/95)