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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:16

DOCUMENT # **844970** **(4)**

1. Corporation Name

FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO. (COMPANY)

Principal Place of Business	Mailing Address
1600 W. 2200 S. 4TH FLOOR SALT LAKE CITY UT 84119 US	P. O. BOX 27008 SALT LAKE CITY UT 84127-0008 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1980
3a. Date of Last Report: 06/24/1994
4. FEI Number: 87-0364806 ☐ 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

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITAL BUILDING
TALLAHASSEE FL 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: _____ (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	COLBY, ORRIN T JR.	12 NAME	
STREET ADDRESS	1600 W. 2200 SOUTH	13 STREET ADDRESS	
CITY ST ZIP	SALT LAKE CITY UT	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BOYLE, GORDON B	22 NAME	
STREET ADDRESS	1600 W. 2200 SOUTH	23 STREET ADDRESS	
CITY ST ZIP	SALT LAKE CITY UT	24 CITY ST ZIP	
TITLE	VST	31 TITLE	☐ Change ☐ Addition
NAME	WORSLEY, WILLIAM J	32 NAME	
STREET ADDRESS	1600 W. 2200 SOUTH	33 STREET ADDRESS	
CITY ST ZIP	SALT LAKE CITY UT	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BIEHN, CYNTHIA O	42 NAME	
STREET ADDRESS	1600 WEST 2200 SOUTH	43 STREET ADDRESS	
CITY ST ZIP	SALT LAKE CITY UT	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	YANCEY, HAROLD C	52 NAME	
STREET ADDRESS	1600 WEST 2200 SOUTH	53 STREET ADDRESS	
CITY ST ZIP	SALT LAKE CITY UT	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WAGNER, H. A	62 NAME	
STREET ADDRESS	1600 WEST 2200 SOUTH	63 STREET ADDRESS	
CITY ST ZIP	SALT LAKE CITY UT	64 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)(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: _____ William J. Worsley March 20, 1995 (801)972-7555
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0401230 FN