

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
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # **844970** (4)
1. Corporation Name
**FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO.
(COMPANY)**



Principal Place of Business
**1600 W. 2200 S.
4TH FLOOR
SALT LAKE CITY UT 84119
US**

Mailing Address
**P. O. BOX 27008
SALT LAKE CITY UT 84127-0008
US**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/14/1980

3a. Date of Last Report
06/18/1996

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

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITAL BUILDING
TALLAHASSEE FL FL 32301**

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 to register 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 for said wife, 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

NAME	DELETE
CD COLBY, ORRIN T JR. 1600 W. 2200 SOUTH SALT LAKE CITY UT	☐
PD BOYLE, GORDON B 1600 W. 2200 SOUTH SALT LAKE CITY UT	☐
VST WORSLEY, WILLIAM J 1600 W. 2200 SOUTH SALT LAKE CITY UT	☐
V BIEHN, CYNTHIA O 1600 WEST 2200 SOUTH SALT LAKE CITY UT	☐
D YANCEY, HAROLD C 1600 WEST 2200 SOUTH SALT LAKE CITY UT	☐
D WAGNER, H. A 1600 WEST 2200 SOUTH SALT LAKE CITY UT	☐

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I 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 contained 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-97

801-972-7555

CR2E034 (9/96)