

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

Principal Place of Business
1800 W. 2200 S.
4TH FLOOR
SALT LAKE CITY UT 84119
US

Mailing Address
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
COLBY, ORRIN T JR.
1800 W. 2200 SOUTH
SALT LAKE CITY UT ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BOYLE, GORDON B
1800 W. 2200 SOUTH
SALT LAKE CITY UT ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
WORSLEY, WILLIAM J
1800 W. 2200 SOUTH
SALT LAKE CITY UT ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BIEHN, CYNTHIA O
1800 WEST 2200 SOUTH
SALT LAKE CITY UT ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YANCEY, HAROLD C
1800 WEST 2200 SOUTH
SALT LAKE CITY UT ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WAGNER, H. A
1800 WEST 2200 SOUTH
SALT LAKE CITY UT ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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 Worsley Vice President Finance

April 24, 1998

872-7555

CP2E034 (10/97)