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 -9 AM 8: 30

DOCUMENT # 846336 (6)

1. Corporation Name
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY

Principal Place of Business
1801 S. MEYERS RD.
OAKBROOK TERRACE IL 60181-5216

Mailing Address
1801 S. MEYERS RD.
OAKBROOK TERRACE IL 60181-5216

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 06/26/1980
3a. Date of Last Report: 04/18/1994
4. FEI Number: 23-2044248 ☐ 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
FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32314

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEWIS, STEPHEN HINSDALE
STREET ADDRESS	1801 S. MEYERS RD.
CITY-ST-ZIP	OAKBROOK TERRACE IL
TITLE	VTS
NAME	SJOREEN, JAMES P.
STREET ADDRESS	1801 S. MEYERS RD.
CITY-ST-ZIP	OAKBROOK TERRACE IL
TITLE	V
NAME	KLEIN, RICHARD CHARLES
STREET ADDRESS	1801 S. MEYERS RD.
CITY-ST-ZIP	OAKBROOK TERRACE IL
TITLE	V
NAME	FITCH, THOMAS WARNE
STREET ADDRESS	1801 S. MEYERS RD.
CITY-ST-ZIP	OAKBROOK TERRACE IL
TITLE	V
NAME	GRIFFIN, GERALD STEPHEN
STREET ADDRESS	1801 S. MEYERS RD.
CITY-ST-ZIP	OAKBROOK TERRACE IL
TITLE	D
NAME	ROLLAND, IAN MCKENZIE
STREET ADDRESS	1300 S CLINTON ST
CITY-ST-ZIP	FT. WAYNE, IN 0

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Roland Charles Baker	
1.3 STREET ADDRESS	1801 S. Meyer Road	
1.4 CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
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 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: James P. Sjoreen JAMES P. SJOREEN 2/24/95 (708) 495-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0400000 FP