

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **06/26/1980**
3a. Date of Last Report: **03/09/1995**
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

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

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 officer 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and their appointor. (For the Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROLAND C.	1.2 NAME	
STREET ADDRESS	1801 S. MEYER ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	OAKBROOK TERRACE IL	1.4 CITY- ST- ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SJOREEN, JAMES P.	2.2 NAME	
STREET ADDRESS	1801 S. MEYERS RD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	OAKBROOK TERRACE IL	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, RICHARD CHARLES	3.2 NAME	
STREET ADDRESS	1801 S. MEYERS RD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	OAKBROOK TERRACE IL	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITCH, THOMAS WARNE	4.2 NAME	
STREET ADDRESS	1801 S. MEYERS RD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	OAKBROOK TERRACE IL	4.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, GERALD STEPHEN	5.2 NAME	
STREET ADDRESS	1801 S. MEYERS RD.	5.3 STREET ADDRESS	
CITY- ST- ZIP	OAKBROOK TERRACE IL	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLAND, IAN MCKENZIE	6.2 NAME	
STREET ADDRESS	1300 S CLINTON ST	6.3 STREET ADDRESS	
CITY- ST- ZIP	FT. WAYNE, IN 0	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** 2/28/96 708/495-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)