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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 60181-5242**

3. Date Incorporated or Qualified: **06/26/1980**
 3a. Date of Last Report: **03/06/1996**
 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 State, 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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BAKER, ROLAND C.	
STREET ADDRESS	1801 S. MEYER ROAD	
CITY-STATE-ZIP	OAKBROOK TERRACE IL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	SJOREN, JAMES P.	
STREET ADDRESS	1801 S. MEYERS RD.	
CITY-STATE-ZIP	OAKBROOK TERRACE IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KLEIN, RICHARD CHARLES	
STREET ADDRESS	1801 S. MEYERS RD.	
CITY-STATE-ZIP	OAKBROOK TERRACE IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FITCH, THOMAS WARNE	
STREET ADDRESS	1801 S. MEYERS RD.	
CITY-STATE-ZIP	OAKBROOK TERRACE IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, GERALD STEPHEN	
STREET ADDRESS	1801 S. MEYERS RD.	
CITY-STATE-ZIP	OAKBROOK TERRACE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLLAND, IAN MCKENZIE	
STREET ADDRESS	1300 S CLINTON ST	
CITY-STATE-ZIP	FT. WAYNE, IN 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Michael Hemp	
1.3 STREET ADDRESS	1300 S. Clinton St.	
1.4 CITY-ST-ZIP	Ft. Wayne, IN	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Stuart Robertson	
2.3 STREET ADDRESS	1300 S. Clinton St.	
2.4 CITY-ST-ZIP	Ft. Wayne, IN	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marcia Louise Dumond	
4.3 STREET ADDRESS	1801 S. Meyers Road	
4.4 CITY-ST-ZIP	Oakbrook Terrace, IL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jon Andrew Boscia	
5.3 STREET ADDRESS	1300 S. Clinton St.	
5.4 CITY-ST-ZIP	Ft. Wayne, IN	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *James P. Sjoren* **James P. Sjoren** 2/14/97 630/495-3336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)