


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

**FILED**  
**Mar 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 846336 (6)**

1. Corporation Name  
**FIRST PENN-PACIFIC LIFE INSURANCE COMPANY**



Principal Place of Business <b>1801 S. MEYERS RD.                  OAKBROOK TERRACE IL 60181-5216</b>	Mailing Address <b>1801 S. MEYERS RD.                  OAKBROOK TERRACE IL 60181-5216</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> _____	<b>26</b> _____
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> _____	<b>27</b> _____
City & State	City & State
<b>23</b> _____	<b>28</b> _____
Zip	Country
<b>24</b> _____	<b>29</b> _____
<b>25</b> _____	<b>30</b> _____

<b>3.</b> Date Incorporated or Qualified <b>06/26/1980</b>	
<b>4.</b> FEI Number <b>23-2044248</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b> _____
<b>84</b> City
<b>85</b> 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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, ROLAND C.</b>	
STREET ADDRESS	<b>1801 S. MEYER ROAD</b>	
CITY-ST-ZIP	<b>OAKBROOK TERRACE IL</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/> DELETE
NAME	<b>SJOREEN, JAMES P.</b>	
STREET ADDRESS	<b>1801 S. MEYERS RD.</b>	
CITY-ST-ZIP	<b>OAKBROOK TERRACE IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KLEIN, RICHARD CHARLES</b>	
STREET ADDRESS	<b>1801 S. MEYERS RD.</b>	
CITY-ST-ZIP	<b>OAKBROOK TERRACE IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCIA LOUISE DUMOND</b>	
STREET ADDRESS	<b>1801 S. MEYERS RD.</b>	
CITY-ST-ZIP	<b>OAKBROOK TERRACE IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JON ANDREW BOSCIA</b>	
STREET ADDRESS	<b>1300 S CLINTON ST</b>	
CITY-ST-ZIP	<b>FT WAYNE IN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROLLAND, IAN MCKENZIE</b>	
STREET ADDRESS	<b>1300 S CLINTON ST</b>	
CITY-ST-ZIP	<b>FT. WAYNE, IN 0</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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: *James A. Allen*

2-20-98 630/195-3336

CR2E034 (10/97)