


FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90023 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 846336
 T. 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		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1980	
21		26		4. FEI Number 23-2044248	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired... <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32314				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, ROLAND C.	1.2 NAME	Gabriel L. Shaheen
STREET ADDRESS	1801 S. MEYER ROAD	1.3 STREET ADDRESS	1300 S. Clinton St.
CITY-ST-ZIP	OAKBROOK TERRACE IL	1.4 CITY-ST-ZIP	Fort Wayne, IN
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	MARCIA LOUISE DUMOND	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	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JON ANDREW BOSCIA	5.2 NAME	
STREET ADDRESS	1300 S CLINTON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WAYNE IN	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" 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 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 life 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, with all other like empowered.

SIGNATURE: _____ DATE: 02/23/99 (630) 495-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)