

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90108 031 ***158.75

A0024920



DO NOT WRITE IN THIS SPACE

DOCUMENT # 846336

1. Entity Name
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address

S. MEYERS RD. 1801 S. MEYERS RD.
TERRACE IL 60181-5216 OAKBROOK TERRACE IL 60181-5242

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **23-2044248** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAHEEN, GABRIEL	
STREET ADDRESS	1300 S. CLINTON ST.	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	SJOREEN, JAMES P.	
STREET ADDRESS	1801 S. MEYERS RD.	
CITY-ST-ZIP	OAKBROOK TERRACE IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KLEIN, RICHARD CHARLES	
STREET ADDRESS	1801 S. MEYERS RD.	
CITY-ST-ZIP	OAKBROOK TERRACE IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARCIA LOUISE DUMOND	
STREET ADDRESS	1801 S. MEYERS RD.	
CITY-ST-ZIP	OAKBROOK TERRACE IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baker, Roland C.	
STREET ADDRESS	1801 S. Meyers Rd.	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, Steven W.	
STREET ADDRESS	1801 S. Meyers Rd.	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DuMond, Marcia Louise	
STREET ADDRESS	1801 S. Meyers Rd.	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephenson, Todd R.	
STREET ADDRESS	1300 S. Clinton St.	
CITY-ST-ZIP	Fort Wayne, IN	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Steven W. Rogers** 2/18/00 (630)495-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)