

Apr 21 1997 8:00am  
Secretary of State

[illegible]

<b>3. Date Incorporated or Qualified</b> <b>08/04/1981</b>	<b>3a. Date of Last Report</b> <b>01/30/1996</b>
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4. FEI Number <b>23-2142731</b>	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent
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Address (P.O. Box Number is Not Acceptable)

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FL	85	Zip Code
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Corporation submits this statement for the purpose of changing its registered

SIGNATURE

12.

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	V & Chief Actuary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			

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	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4 2 NAME	Best, Jr. Franklin		
4 3 STREET ADDRESS	510 Walnut Street		
4 4 CITY - ST - ZIP	Philadelphia PA 19132		

44 OFF-SPR	Philadelphia PA 19116	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
51 TITLE	D		
52 NAME	Toran, Daniel		
53 STREET ADDRESS	510 Walnut Street		
54 CITY, ST, ZIP	PHILADELPHIA, PA 19106		

54 CITY - ST - ZIP	Philadelphia PA 19172	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
61 TITLE			
62 NAME	Herzberg		
63 STREET ADDRESS			
64 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 only in attachment with an address.

 James Benson, Controller      4/8/97      (215) 956-8104

CR2E034 (9/96)