


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

FILED

Apr 22 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 # 852200 (5)					
1. Corporation Name PARAGON LIFE INSURANCE COMPANY					
Principal Place of Business 100 S. BRENTWOOD ST. LOUIS MO 63105			Mailing Address 100 S. BRENTWOOD ST. LOUIS MO 63105-1635		
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/16/1982	
				3a. Date of Last Report 03/14/1996	
4. FEI Number 43-1235869				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER FOR STATE OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32301			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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, CARL H		1.2 NAME		
STREET ADDRESS	100 SOUTH BRENTWOOD		1.3 STREET ADDRESS		
CITY- ST- ZIP	ST LOUIS MO		1.4 CITY- ST- ZIP	St. Louis, MO 63105	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, STEVEN D		2.2 NAME	Matthew K. Duffy	
STREET ADDRESS	100 SOUTH BRENTWOOD		2.3 STREET ADDRESS		
CITY- ST- ZIP	ST LOUIS MO		2.4 CITY- ST- ZIP	St. Louis, MO 63105	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCAULEY, MATTHEW P		3.2 NAME		
STREET ADDRESS	100 SOUTH BRENTWOOD		3.3 STREET ADDRESS		
CITY- ST- ZIP	ST LOUIS MO		3.4 CITY- ST- ZIP	St. Louis, MO 63105	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, E. T		4.2 NAME	Edward Thomas Hughes	
STREET ADDRESS	100 SOUTH BRENTWOOD		4.3 STREET ADDRESS		
CITY- ST- ZIP	ST. LOUIS MO		4.4 CITY- ST- ZIP	St. Louis, MO 63105	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IDDY, RICHARD A.		5.2 NAME		
STREET ADDRESS	700 MARKET ST.		5.3 STREET ADDRESS	100 South Brentwood	
CITY- ST- ZIP	ST. LOUIS MO		5.4 CITY- ST- ZIP	St. Louis, MO 63105	
TITLE	A	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORDYKE, CRAIG K		6.2 NAME		
STREET ADDRESS	100 SOUTH BRENTWOOD		6.3 STREET ADDRESS		
CITY- ST- ZIP	ST LOUIS MO		6.4 CITY- ST- ZIP	St. Louis, MO 63105	
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 of an attachment with an address.					
SIGNATURE: <i>Matthew K. Duffy</i>			4-4-97 (314) 862-2211		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (9/96)