

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 852200

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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90085 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1982

4. FEI Number

43-1235869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
ANDERSON, CARL H  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST LOUIS MO

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VPCF  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST LOUIS MO

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
DUFFY, MATTHEW K  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST LOUIS MO

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
MCCAULEY, MATTHEW P  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST LOUIS MO

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
HUGHES, EDWARD T  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST. LOUIS MO

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
LIDDY, RICHARD A.  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST. LOUIS MO

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
NORDYKE, CRAIG K  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST LOUIS MO

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
NORDYKE, CRAIG K  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST LOUIS MO

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
NORDYKE, CRAIG K  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST LOUIS MO

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
NORDYKE, CRAIG K  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST LOUIS MO

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
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ST LOUIS MO

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
NORDYKE, CRAIG K  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST LOUIS MO

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
NORDYKE, CRAIG K  
STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
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4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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NORDYKE, CRAIG K  
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5.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME  
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STREET ADDRESS  
100 SOUTH BRENTWOOD  
CITY-ST-ZIP  
ST LOUIS MO

SIGNATURE:

*Matthew K. Duffy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

(314) 862-2211

Daytime Phone #

CR2E034 (1/98)