## 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                           | Mailing Address                    |                     |                    |             | - 1  |            |                |              |                |          |          |            |
|---|---------------------------------------|------------------------------------|---------------------|--------------------|-------------|--|------------|----------------|--------------|----------------|----------|----------|------------|
| 100 S. BRENTWO  | 00D                                   | 100 S. BRENTWOOD                   | 100 S. BRENTWOOD    |                    |             |  |            |                |              |                |          |          |            |
| ST. LOUIS MO 6  | 53105                                 | ST. LOUIS MO 63105                 | ST. LOUIS MO 63105  |                    |             |  |            |                | A NOT W      | DITE IN THE    | 00401    | _        |            |
|   |                                       |                                    |                     |                    |             | <u> </u>   |            |                |              | RITE IN THIS   | SPACE    | <u> </u> |            |
|   |                                       |                                    |                     |                    |             | 3  |            | ncorporate     | d or Qualife | ed             |          |          |            |
|   |                                       |                                    |                     |                    |             |  |            | 6/198 <u>2</u> |              |                |          |          |            |
| -2Principal Pla   | ace of Business                       | 2a. Mailing Address                |                     |                    |             | 4  | 4. FEI N   |                |              |                | L        | Арр      | lied For   |
| 21  |                                       | 26                                 |                     | •                  |             |  | 43-1       | 235869         |              |                |          | Not      | Applicable |
| Suite, Apt. #   | # etc                                 |                                    | Suite, Apt. #, etc. |                    |             |  |            |                |              |                | \$8.     | 75 A     | ditional_  |
| ~~  | ,, 5.5.                               | <b>—</b>                           | 27                  |                    |             | 5  | 5. Certifo | cate of Stat   | us Desired   |                | F        | ee Req   | uired      |
| City & State  |                                       |                                    | City & State        |                    |             | -  | 6 Electiv  | on Campaig     | n Financin   | in             | \$5      | .00 A    | Aav Re     |
| <b>一</b> ·  | •                                     | — — ·                              | 28                  |                    |             | '  |            | Fund Conti     | -            | ,a 🗆           |          | ded to   |            |
| 23  | Country                               |                                    | Zip Country         |                    |             | <del></del>                                      |            |                |              | urrent year In |          |          |            |
| Zip   | ·                                     |                                    |                     |                    |             | ۱ ۹  |            | nal Propert    |              | unent year in  | .angioio |          | ⊒No }      |
| 24  | 25                                    |                                    | 30                  |                    |             | 1  |            |                |              | v Registered   |          |          |            |
|   | 9. Name and Address of Curre          | nt Registered Agent                |                     | 81                 | Name        |  | u. Name    | and Addi       | 622 01 1461  | Registered     | Age.ii   |          |            |
| INICHI  | DANCE COMMISSIONED FOR                | CTATE OF ELOPID                    |                     | 01                 | Name        |  |            |                |              |                |          |          |            |
| INSURANCE COMMISSIONER FOR STATE OF FLORID  |                                       |                                    |                     |                    | Street      | Address  | (P.O. Bo   | x Number       | s Not Acce   | ptable)        |          |          |            |
| CAPITOL BUILDING  |                                       |                                    | 82 Street Ad        |                    |             |  | `          |                |              |                |          |          |            |
| TALL  | AHASSEE FL 32301                      |                                    |                     | 83                 |             |  |            |                |              |                |          |          | }          |
|   |                                       |                                    |                     | _                  |             |  |            |                |              |                |          | 7:- 0    |            |
|   |                                       |                                    |                     | 84                 | City        |  |            |                |              | FL             | 85       | Zip C    | ode        |
| 44 5  | to the provisions of Sections 607.05  | 202 COT 1EOP Florido Statuto       | c the a             | 201/9              | named       | Leomorati  | ion subr   | ite thie stat  | ement for t  | he purpose o   | f changi | no its r | egistered  |
| office or re  | agistered agent or hoth in the State  | e of Fiorida. Such change was au   | tnonzec             | DV I               | rie corp    | oration's  | board of   | directors. I   | hereby ac    | cept the appo  | intment  | as reg   | istered    |
| agent. I ar   | m familiar with, and accept the oblig | ations of, Section 607.0505, Flori | ida Statı           | ıtes.              |             |  |            |                |              |                |          |          |            |
| SIGNATURE   |                                       |                                    |                     |                    |             |  |            |                |              |                |          |          | \          |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist |                                       |                                    |                     |                    | t signature | required wher                                    |            |                | UCEC TO      | DATE A         | NO DID   | ECTO     | 20 IN 12   |
| 12.   |                                       | ND DIRECTORS                       | 13.                 |                    |             |  | ADDII      | IONS/CHA       | NGES 10      | OFFICERS A     |          |          | Addition   |
| TITLE   | PCEO                                  | ☐ DELETE                           | 1.1 111             | LE                 |             | 1  |            |                |              |                |          | ange     | ☐ Vúgiaon  |
| NAME  | ANDERSON, CARL H                      |                                    | 1.2 N               | WE                 |             |  |            |                |              |                |          |          | Ì          |
| STREET ADDRESS  | 100 SOUTH BRENTWOOD                   |                                    | 1.3 ST              | 1.3 STREET ADDRESS |             | 3  |            |                |              |                |          |          |            |
| CITY-ST-ZIP   | ST LOUIS MO                           | 0                                  |                     | 1.4 CITY-ST-ZIP    |             |  | •          |                |              |                |          |          |            |
| TITLE   | VPCF                                  | ☐ DELETE                           | 2.1 TITLE           |                    |             | <u> </u>   |            |                |              | -              | ☐ Ch     | ange     | ☐ Addition |
|   | DUFFY, MATTHEW K                      |                                    | 2.2 NAME            |                    |             |  |            |                |              |                |          |          |            |
| NAME  | -100-SOUTH BRENTWOOD                  |                                    |                     |                    | *PDDEE6     | ,  |            |                |              |                |          |          |            |
| STREET ADDRESS  |                                       |                                    |                     | 2.3 STREET ADDRESS |             | '\ <i>-</i>                                      | ~          | -              |              |                |          | -        | l          |
| CITY-ST-ZIP   |                                       |                                    |                     | 2.4 CITY-ST-ZIP    |             | <del>                                     </del> |            |                |              |                |          | 12006    | ☐ Addition |
| TITLE   | S                                     | •                                  |                     | 3.1 TITLE          |             |  |            |                |              |                |          | yu       |            |
| NAME  | MCCAULEY, MATTHEW P                   |                                    | 3.2 NAME            |                    |             |  |            |                |              |                |          |          | 4          |
| STREET ADDRESS  | 100 SOUTH BRENTWOOD                   |                                    | 3.3 STREE           |                    | ADDRESS     | 3  |            |                |              |                |          |          |            |
| CITY-ST-ZIP   | ST LOUIS MO                           |                                    | 3.4. C              | ΠY- <u>\$</u>      | T-ZIP       |  |            |                |              |                |          |          |            |
| TITLE   | T                                     | ☐ DELETE                           | 4.1 TI              | TLE .              |             |  |            |                |              |                | ☐ CH     | nange    | ☐ Addition |
| NAME  | HUGHES, EDWARD T                      |                                    | 4. 2 N              | AME                |             |  |            |                |              |                |          |          |            |
| STREET ADDRESS  | 100 SOUTH BRENTWOOD                   |                                    | 4351                | REET               | ADDRESS     | s  |            |                |              | -              |          |          |            |
|   | ST. LOUIS MO                          |                                    | 4.4 CITY-           |                    |             |  |            | •              |              |                |          |          |            |
| CITY-ST-ZIP   | _                                     | ☐ DELETE                           | 5.1 TI              | _                  | - 617       | +  |            |                |              |                |          | hange    | Addition   |
| TIFLE   | D BIOMARD A                           | C) DECE IE                         | 5.1 II<br>5.2 N     |                    |             |  |            |                |              | •              | _,       | J-       |            |
| NAME  | LIDDY, RICHARD A.                     |                                    |                     |                    |             |  |            |                |              |                |          |          |            |
| STREET ADDRESS  | 100 SOUTH BRENTWOOD                   |                                    |                     |                    | ADDRESS     | 5  |            |                |              |                |          |          |            |
| CITY-ST-ZIP   | ST. LOUIS MO                          |                                    | 5,4 CITY-5          |                    | T-23P       |  |            |                | •            |                |          |          |            |
| TITLE   | A                                     | ☐ DELETE                           | 6.1 TI              | ΠE                 |             |  |            |                |              |                | C        | nange    | ☐ Addition |
| NAME  | NORDYKE, CRAIG K                      |                                    | 6.2 N               | ME                 |             |  |            |                |              |                |          |          |            |
| STREET ANDRESS  | 100 SOUTH BRENTWOOD                   |                                    | 6.3 S               | REET               | ADDRESS     | 5  |            |                |              |                |          |          |            |

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 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP

ST LOUIS MO

Mar 22, 1999 8:00 am Secretary of State

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