2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #852200 07-18-2005 90037 044 ***150.00 1. Entity Name PARAGON LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 20064337 190 CARONDELET PLAZA 190 CARONDELET PLAZA ST. LOUIS, MO 63105 ST. LOUIS, MO 63105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 43-1235869 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEO** TITLE ☐ Delete TITLE ☐ Change NAME TRANI, ANTHONY F NAME STREET ADDRESS 190 CARONDELET PLAZA STREET ADDRESS CITY-ST-ZIP ST LOUIS, MO CITY-ST-ZIP VTCF TITLE ☐ Delete TITLE ☐ Addition DUFFY, MATTHEW K NAME NAME STREET ADDRESS 190 CARONDELET PLAZA STREET ADDRESS CITY-ST-ZIP ST LOUIS, MO CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition RICH, ELIZABETH NAME NAME STREET ADDRESS 190 CARONDELET PLAZA STREET ADDRESS CITY-ST-ZIP SAINT LOUIS, MO 63105 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LATRENTA, NICHOLAS D NAME STREET ADDRESS 190 CARONDELET PLAZA STREET ADDRESS CITY-ST-ZIP ST. LOUIS, MO CITY-ST-ZIP TITLE VP Delete TITLE ☐ Change ☐ Addition NAME TREMMEL, JOHN R NAME STREET ADDRESS 190 CARONDELET PLAZA STREET ADDRESS CITY-ST-ZIP ST. LOUIS, MO CITY+ST-ZIP Delete TITLE **VPD** ☐ Change ☐ Addition NORDYKE, CRAIG K NAME NAME STREET ADDRESS 190 CARONDELET PLAZA STREET ADORESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-SY-ZIP

SIGNATURE:

CITY-ST-ZIP

ST LOUIS, MO

OF SIGNING OFFICER OR DIRECTOR

1-11-05 (314)862-22

FILED Jul 18, 2005 8:00 am + (52200) 20064557 PARAGON'S DIRECTORS & OFFICERS

ANTHONY F. TRANI OFFICER & DIRECTOR 190 CARONDELET PLAZA ST. LOUIS, MO 63105

MICHAEL JOHN MCDERMOTT OFFICER & DIRECTOR 190 CARONDELET PLAZA ST. LOUIS, MO 63105

MATTHEW K. DUFFY OFFICER & DIRECTOR 190 CARONDELET PLAZA ST. LOUIS, MO 63105

ELIZABETH RICH OFFICER 190 CARONDELET PLAZA ST. LOUIS, MO 63105

MARIA REGINA MORRIS DIRECTOR 1 METLIFE PLAZA 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101

NICHOLAS DONALD LATRENTA DIRECTOR 1 METLIFE PLAZA 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101 # 8522e0 20064557

IAN LYON SOLOMON DIRECTOR 200 PARK AVENUE NEW YORK, NY 10166

STANLEY JEFFREY TALBI DIRECTOR 1 METLIFE PLAZA 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101

HOWARD B. KORANSKY DIRECTOR 501 ROUTE 22 BRIDGEWATER, NJ 08807

GREGG P. HIRSCH DIRECTOR 1 METLIFE PLAZA 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101