FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 4:12

DOCUMENT # **854692** **(1)**

1. Corporation Name
PHILADELPHIA LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
7887 E. BELLEVIEW AVENUE ENGLEWOOD FL 80111	7887 E. BELLEVIEW AVENUE ENGLEWOOD FL 80111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1982
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 74-2075220 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COMMISIONER OF INSURANCE
STATE TREASURER'S OFFICE
STATE CAPITOL; PLAZA LEVEL 11
TALLAHASSEE FL 32399

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	1.1 TITLE	CEO & D	☐ Change ☒ Addition
NAME	GARDINER, JOHN W	1.2 NAME	GARDINER, JOHN W.	
STREET ADDRESS	7887 E. BELLEVIEW AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP		
TITLE	SEVD	2.1 TITLE	EXEC. V.P.	☐ Change ☒ Addition
NAME	KEBER, JAMES R	2.2 NAME	PAZ, GEORGE	
STREET ADDRESS	7887 E. BELLEVIEW AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE		☐ Change ☐ Addition
NAME	PASHBY, ROBERT L	3.2 NAME		
STREET ADDRESS	7887 E. BELLEVIEW AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP		
TITLE	VSDS	4.1 TITLE		☐ Change ☐ Addition
NAME	ESPERANCE, ROBERT P	4.2 NAME		
STREET ADDRESS	500 NORTH AKARD	4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP		
TITLE	VPTD	5.1 TITLE		☐ Change ☐ Addition
NAME	LUZIETTI, KENNETH G	5.2 NAME		
STREET ADDRESS	7887 E. BELLEVIEW AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE		☐ Change ☐ Addition
NAME	PALMQUIST, GREGORY J	6.2 NAME		
STREET ADDRESS	7887 E. BELLEVIEW AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with an address.

SIGNATURE: [signature] 3-1-95 (303)779-1111 x2711
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0470072 FP