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 MAY 26 AM 8:41

DOCUMENT # **856605** **(1)**

1. Corporation Name
CONCORD LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
625 RIDGE RD POB 3199 MUNSTER IN 46321	625 RIDGE RD POB 3199 MUNSTER IN 46321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1983**
3a. Date of Last Report: **03/15/1994**

2. Principal Place of Business
21: 3003 E. 98th Street
Suite, Apt. #, etc.
22: 107
City & State
23: Indianapolis IN
Zip
24: 46280
Country
25:

2a. Mailing Address
26: Same as 2
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: **86-0223608** ☐ 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STINSON, LOUIS, JR., ESQ.
4675 PONCE DE LEON, STE 305
CORAL GABLES FL 33146

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, type or print name of registered agent, and title if applicable — (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROYAL, CHARLES R.	12 NAME	
STREET ADDRESS	3115 SOUTH HWY. 37	13 STREET ADDRESS	
CITY ST ZIP	BLOOMINGTON IN	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☒ Change ☒ Addition
NAME	WLEKLINSKI, JOSEPH P.	22 NAME	Executive Vice President
STREET ADDRESS	8344 OAKWOOD ST	23 STREET ADDRESS	KAS W. Nelson
CITY ST ZIP	MUNSTER IN 46321	24 CITY ST ZIP	3003 E. 98th St., #107, Indianapolis, IN 46280
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	GATES, VAN	32 NAME	
STREET ADDRESS	401 SOUTH LAFAYETTE BLVD	33 STREET ADDRESS	
CITY ST ZIP	S. BEND IN	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	BENNETT, THOMAS	42 NAME	
STREET ADDRESS	HWY. 61 & COUNTY RD.E.	43 STREET ADDRESS	
CITY ST ZIP	WHITE BEAR LAKE MN	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	DEFOUW, WILLIAM	52 NAME	
STREET ADDRESS	2101 S 6TH ST	53 STREET ADDRESS	
CITY ST ZIP	LAFAYETTE IN 47905	54 CITY ST ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	WOOD, THOMAS I.	62 NAME	
STREET ADDRESS	7550 EAST WASHINGTON	63 STREET ADDRESS	
CITY ST ZIP	INDIANAPOLIS IN	64 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 attachment with an address.

SIGNATURE: Kas W. Nelson _____ May 19 '95 (317)574-1390
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

D08804 FN