

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

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 856605 (1)  
1. Corporation Name:  
CONCORD LIFE INSURANCE COMPANY



Principal Place of Business  
3003 E 98TH ST  
SUITE 107  
INDIANAPOLIS IN 46280  
US

Mailing Address  
3003 E 98TH ST  
SUITE 107  
INDIANAPOLIS IN 46280-1973  
US

3. Date Incorporated or Qualified 05/31/1983	3a. Date of Last Report 02/01/1996
4. FEI Number 86-0223608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROYAL, CHARLES R.	
STREET ADDRESS	3115 SOUTH HWY. 37	
CITY - ST - ZIP	BLOOMINGTON IN	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	NELSON, KAS W	
STREET ADDRESS	3003 E 98TH ST SUITE 107	
CITY - ST - ZIP	INDIANAPOLIS IN	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GATES, VAN	
STREET ADDRESS	401 SOUTH LAFAYETTE BLVD	
CITY - ST - ZIP	S. BEND IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENNETT, THOMAS	
STREET ADDRESS	HWY. 61 & COUNTY RD.E.	
CITY - ST - ZIP	WHITE BEAR LAKE MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEFOUW, WILLIAM	
STREET ADDRESS	2101 S 6TH ST	
CITY - ST - ZIP	LAFAYETTE IN 47905	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOOD, THOMAS I.	
STREET ADDRESS	7550 EAST WASHINGTON	
CITY - ST - ZIP	INDIANAPOLIS IN	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0479511

CR2E034 (9/96)