

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

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/31/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		86-0223608	
24 Country		29 Country		Applied For	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STINSON, LOUIS, JR., ESQ.  
4875 PONCE DE LEON, STE 305  
CORAL GABLES FL 33148

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

Signature, typed or printed name of registered agent and title 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	1.1 TITLE	VD
NAME	ROYAL, CHARLES R.	1.2 NAME	O'BRIEN, J. THOMAS
STREET ADDRESS	3115 SOUTH HWY. 37	1.3 STREET ADDRESS	5102 N. KEYSTONE AVENUE
CITY-ST-ZIP	BLOOMINGTON IN	1.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46205
TITLE	EVP	2.1 TITLE	
NAME	NELSON, KAS W	2.2 NAME	
STREET ADDRESS	3003 E 98TH ST SUITE 107	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	GATES, VAN	3.2 NAME	
STREET ADDRESS	401 SOUTH LAFAYETTE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	S. BEND IN	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BENNETT, THOMAS	4.2 NAME	
STREET ADDRESS	HWY. 61 & COUNTY RD.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE BEAR LAKE MN	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	DEFOUW, WILLIAM	5.2 NAME	
STREET ADDRESS	2101 S 8TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE IN 47905	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	WOOD, THOMAS I.	6.2 NAME	
STREET ADDRESS	7650 EAST WASHINGTON	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	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 recipient or custodian 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 THOMAS I. WOOD 01/08/98 317/574-0143

CR2E034 (10/97)