

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

FILED

Apr 04 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 # J83193

(9)

1. Corporation Name

PHF LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

6277 SEA HARBOR DR 5TH FLR
ORLANDO FL 32887
US

6277 SEA HARBOR DR 5TH FLR
ATTN: TAX DEPT
ORLANDO FL 32821-8088
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEPARTMENT OF INSURANCE
200 E GAINES STREET LARSON BLDG
TALLAHASSEE FL 32300

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 type 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 CCEO
NAME PATRICK E. WELCH
STREET ADDRESS 801 UNION STREET
CITY-STATE-ZIP SEATTLE WA

1.1 TITLE P.D.
1.2 NAME A. LOUIS PARKER
1.3 STREET ADDRESS 6277 SEA HARBOR DR
1.4 CITY-STATE-ZIP ORLANDO, FL

TITLE VS
NAME WORTHMAN, BETH
STREET ADDRESS 6277 SEA HARBOR DR.
CITY-STATE-ZIP ORLANDO FL

2.1 TITLE VS
2.2 NAME GLINN L. JOPPA
2.3 STREET ADDRESS 4850 STREET RD.
2.4 CITY-STATE-ZIP TRAVEL, PA 19049

TITLE VP
NAME DOTY, TERRY L
STREET ADDRESS 6277 SEA HARBOR DR.
CITY-STATE-ZIP ORLANDO FL

3.1 TITLE SRVP, D
3.2 NAME RICHARD W. BERGMAN
3.3 STREET ADDRESS 6277 SEA HARBOR DR
3.4 CITY-STATE-ZIP ORLANDO, FL

TITLE VT
NAME HUGUNIN, JEFFREY I
STREET ADDRESS 801 UNION ST
CITY-STATE-ZIP SEATTLE WA 98101

4.1 TITLE VT, D
4.2 NAME KEVIN M. CARL
4.3 STREET ADDRESS 6277 SEA HARBOR DR
4.4 CITY-STATE-ZIP ORLANDO, FL

TITLE SRVP
NAME STIFF, GEOFFREY S
STREET ADDRESS 801 UNION ST
CITY-STATE-ZIP SEATTLE WA 98101

5.1 TITLE SRVP, D
5.2 NAME JAMES J. OWENS
5.3 STREET ADDRESS 6277 SEA HARBOR DR
5.4 CITY-STATE-ZIP ORLANDO, FL

TITLE SRVP
NAME MOSES, VICTOR C
STREET ADDRESS 801 UNION ST
CITY-STATE-ZIP SEATTLE WA 98101

6.1 TITLE SRVP, D
6.2 NAME RICHARD B. SAEON
6.3 STREET ADDRESS 6277 SEA HARBOR DR
6.4 CITY-STATE-ZIP ORLANDO, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

215-953-3184

CR2E034 (9/96)

ATTACHMENT TO OFFICERS LIST

Ira D. Brotman
4850 Street Rd.
Trevose, PA 19053
Assistant Treasurer/Tax Manager