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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

IRST ING LIFE INSUR SPOADWAY 1901 Y 10007	N 1	Mailing Address 1290 BROADWAY DENVER CO 80203-2122 JS		···					
3						 Date Incorporated or Qualified 08/16/1985 		Date of Last F /08/1996	eport
incipal Piace of Business	ķ	a, Mailing Address				4. FEI Number		Ar	plied For
uite, Apt. #. etc	26	Suite, Apt. #, etc.				13-2740556			t Applicable
one, Apr. #, etc	27)			- 1	5. Certificate of Status Desired			Additional equired
ty & State		City & State				6. Election Campaign Financing			May Be
•	28				- 1	Trust Fund Contribution			to Fees
p Cou	intry	Zip	Countr	rγ		8. This corporation has liability	for intangibl	e tax under s	. 199.032,
25	29	d	30			Florida Statutes	☐ Yes		
***************************************	dress of Current Reg		81	O Nama		10. Name and Address of New	Registered	Agent	
THE FLORIDA INSURANCE COMMISS		ER)*'	1 Name					
THE CAPITOL TALLAHASSEE FL 32301				2 Street	Addres	s (P.O. Box Number is Not Accep	ptable)		
TALLAMASSEE PL 323	V I		83	3					
]					
			84	4 City			FL	85 Zip	Code
Sursuant to the provisions of S	ections 607 0502 and	607.1508, Florida Statu	es, the abov	ve-namec	corpor	ation submits this statement for the	ne purpose o	of changing it	s registered
									renictored
othed or registered agent, or b agent. I am familiar with, and a	oth, in the State of Floi secept the obligations	rida. Such change was of, Section 607.0505, Fl	authorized b orida Statute	by the cores.	poration	n's board of directors. I hereby ac	cept the ap	pointment as	registered
	oth, in the State of Flor sccept the obligations	rida. Such change was of, Section 607.0505, Fl	authorized t orida Statute	by the cores.	poration	ation submits this statement for the air's board of directors. I hereby ac	ccept the ap	pointment as	rogistereo
IATUR!	ion, in the state of Flor accept the obligations					is board of directors. I hereby ac	DATE	pointment as	Togistered
ATUR Signature, typest or printed t		tle if application (NO)	E Registered Ac	gent signatur	e required		DATE	D DIRECTOR	IS IN 12
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Secretary of State