

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 9:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P10214 (5)

1. Corporation Name

KEYSTONE STATE LIFE INSURANCE COMPANY

Principal Place of Business

**1401 WALNUT ST.
10TH FLOOR
PHILADELPHIA PA 19102
US**

Mailing Address

**1401 WALNUT ST.
10TH FLOOR
PHILADELPHIA PA 19102
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/23/1986

3a. Date of Last Report

04/08/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

23-2088467

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SEIDENBURG, MARK E.
1401 WALNUT STREET, 10TH FLOOR
PHILADELPHIA PA**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
DORMANN, ARTHUR B.
1401 WALNUT ST., 10TH FLOOR
PHILADELPHIA PA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
MULLEN, DANIEL N.
1401 WALNUT ST., 10TH FLOOR
PHILADELPHIA PA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WONG, WINNIE
1401 WALNUT ST., 10TH FLOOR
PHILADELPHIA PA**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
QUIRK, RICHARD F.
1401 WALNUT ST., 10TH FLOOR
PHILADELPHIA PA**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MICHAEL, ROBERT A.
1401 WALNUT ST., 10TH FLOOR
PHILADELPHIA PA**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(4), 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

Daniel N Mullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel N Mullen-Vice President & Treasurer

4-21-95

(800) 243-4382

Date

Signature



110214

Keystone State
Life Insurance
Company

BOARD OF DIRECTORS

James W. Baxter, III
Kentucky Home Mutual Life
Insurance Company
450 South Third Street
Louisville, KY 40202-1437

Robert A. Michael, III
Keystone State Life
Insurance Company
1401 Walnut Street
Philadelphia, PA 19102-3122

Arthur B. Dormann
Keystone State Life
Insurance Company
1401 Walnut Street
Philadelphia, PA 19102-3122

Roderic H. Ross
Keystone State Life
Insurance Company
1401 Walnut Street
Philadelphia, PA 19102-3122

Joseph C. Higgins
Keystone State Life
Insurance Company
1401 Walnut Street
Philadelphia, PA 19102-3122

James B. Stradtner
Alex Brown & Sons, Inc.
135 East Baltimore Street
Baltimore, MD 21202

Michael W. Lowe
Kentucky Home Mutual Life
Insurance Company
450 South Third Street
Louisville, KY 40202-1437