

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90072 042 ***150.00

DOCUMENT # P10214

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

4. FEI Number

23-2088467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

501 Office Center Dr.

2a. Mailing Address

501 Office Center Dr.

Suite, Apt. #, etc.

Suite 325

Suite, Apt. #, etc.

Suite 325

City & State

Ft. Washington, PA

City & State

Ft. Washington, PA

Zip Country

19034-3299

Zip Country

19034-3299

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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

TITLE **T** ☒ DELETE
NAME **JOSEPH C. HIGGINS**
STREET ADDRESS **1401 WALNUT STREET, 10TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **CEO** ☐ DELETE
NAME **RODERIC H. ROSS**
STREET ADDRESS **1401 WALNUT ST., 10TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **AS** ☒ DELETE
NAME **MICHAEL W. LOWE**
STREET ADDRESS **450 S. 3RD ST**
CITY-ST-ZIP **LOUISVILLE KY**

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

TITLE **AT** ☒ DELETE
NAME **SHERMAN, LAY W**
STREET ADDRESS **450 S 3RD ST**
CITY-ST-ZIP **LOUISVILLE KY**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Treasurer & Director** ☐ Change ☒ Addition
1.2 NAME **John K. Anderson, Jr.**
1.3 STREET ADDRESS **1776 American Heritage Life Dr.**
1.4 CITY-ST-ZIP **Jacksonville, FL 32224**

2.1 TITLE **CEO & Director** ☒ Change ☐ Addition
2.2 NAME **Roderic H. Ross**
2.3 STREET ADDRESS **501 Office Center Dr., #325**
2.4 CITY-ST-ZIP **Ft. Washington, PA 19045-3299**

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **T. O'Neal Douglas**
3.3 STREET ADDRESS **1776 American Heritage Life Dr.**
3.4 CITY-ST-ZIP **Jacksonville, FL 32224**

4.1 TITLE **Secretary & Director** ☐ Change ☒ Addition
4.2 NAME **C. Richard Morehead**
4.3 STREET ADDRESS **1776 American Heritage Life Dr.**
4.4 CITY-ST-ZIP **Jacksonville, FL 32224**

5.1 TITLE **Chief Financial Officer** ☐ Change ☒ Addition
5.2 NAME **Zack G. Athens**
5.3 STREET ADDRESS **11211 Taylor Draper Lane, Suite 325**
5.4 CITY-ST-ZIP **Austin, TX 78759**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **501 Office Center Dr., #325**
6.3 STREET ADDRESS **Ft. Washington, PA 19034-3299**
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 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, with all other like empowered.

SIGNATURE: **Zack G. Athens**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

512/345-3200

Date

Daytime Phone #

CR2E034 (1/98)