

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P21216 (7)

1. Corporation Name

PENINSULAR LIFE INSURANCE COMPANY



Principal Place of Business

1001 WADE AVENUE
POST OFFICE BOX 10234
RALEIGH NC 27605

Mailing Address

1001 WADE AVENUE
POST OFFICE BOX 10234
RALEIGH NC 27605

2. Principal Place of Business

21 2610 Wycliff Road

Suite, Apt. #, etc.

22

City & State

23 Raleigh, North Carolina

Zip

24 27607

Country

25 U.S.A.

2a. Mailing Address

26 2610 Wycliff Road

Suite, Apt. #, etc.

27

City & State

28 Raleigh, North Carolina

Zip

29 27607

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
LARSON BUILDING
200 EAST GAINES ST.
TALLAHASSEE FL 32399

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

600001834706
-05/22/96--01039--049

84 City

***200.00

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SVD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, SCOTT D.	
STREET ADDRESS	1001 WADE AVENUE	
CITY-ST-ZIP	RALEIGH NC 27605	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BEHR, CHARLES W	
STREET ADDRESS	1001 WADE AVENUE	
CITY-ST-ZIP	RALEIGH NC 27605	
TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, WILLIAM M	
STREET ADDRESS	1001 WADE AVENUE	
CITY-ST-ZIP	RALEIGH NC 27605	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONE, DAVID J.	
STREET ADDRESS	1001 WADE AVENUE	
CITY-ST-ZIP	RALEIGH NC 27605	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENBERG, ALLAN D.	
STREET ADDRESS	1001 WADE AVE.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	DCFO	<input checked="" type="checkbox"/> DELETE
NAME	FICKES, STEVEN W	
STREET ADDRESS	1001 WADE AVE.	
CITY-ST-ZIP	RALEIGH NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sr.V.P., Gen. Counsel & Secy.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2610 Wycliff Road	
1.4 CITY-ST-ZIP	Raleigh, North Carolina 27607	
2.1 TITLE	Director & President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Henson, Jim L.	
2.3 STREET ADDRESS	2610 Wycliff Road	
2.4 CITY-ST-ZIP	Raleigh, North Carolina 27607	
3.1 TITLE	Chairman of the Board & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Keehbler, Nicholas C.	
3.3 STREET ADDRESS	2610 Wycliff Road	
3.4 CITY-ST-ZIP	Raleigh, North Carolina	
4.1 TITLE	Sr.V.P., and Actuary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Granieri, Vincent J.	
4.3 STREET ADDRESS	2610 Wycliff Road	
4.4 CITY-ST-ZIP	Raleigh, North Carolina 27607	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	2610 Wycliff Road	
5.4 CITY-ST-ZIP	Raleigh, North Carolina 27607	
6.1 TITLE	Sr.V.P., Chief Actuary, Appr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Prager, Michael J. Actuary & Sr. Fin. Off.	
6.3 STREET ADDRESS	2610 Wycliff Road	
6.4 CITY-ST-ZIP	Raleigh, North Carolina 27607	

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 119.07(3)(k), 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: Patricia B. Butler PATRICIA B. BUTLER 4-23-96 919/286-8186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)

P-21216

2-2

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 119.07(3)(k), 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:

Patricia B. Butler Patricia B. Butler 4/23/96 919-786-8186
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Patricia B. Butler
Assistant Secretary
2610 Wycliff Road
Raleigh, North Carolina 27607
(919) 786-8186 (phone)
(919) 786-8300 (facsimile)