

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

**FILED**

**May 08 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 # 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 19102-3122 US**

3. Date Incorporated or Qualified: **05/23/1986**      3a. Date of Last Report: **04/17/1996**  
4. FEI Number: **23-2068467**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOSEPH C. HIGGINS 1401 WALNUT STREET, 10TH FLOOR PHILADELPHIA PA</b>	<input type="checkbox"/> DELETE	
CEO TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RODERIC H. ROSS 1401 WALNUT ST., 10TH FLOOR PHILADELPHIA PA</b>	<input type="checkbox"/> DELETE	
AS TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MICHAEL W. LOWE 450 S. 3RD ST LOUISVILLE KY</b>	<input type="checkbox"/> DELETE	
S TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WONG, WINNIE 1401 WALNUT ST., 10TH FLOOR PHILADELPHIA PA</b>	<input type="checkbox"/> DELETE	
V TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>QUIRK, RICHARD F. 1401 WALNUT ST., 10TH FLOOR PHILADELPHIA PA</b>	<input checked="" type="checkbox"/> DELETE	
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MICHAEL, ROBERT A. 1401 WALNUT ST., 10TH FLOOR PHILADELPHIA PA</b>	<input type="checkbox"/> DELETE	

1.1 TITLE	<b>Asst. Treas.</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	<b>J. Clay Luby</b>		
1.3 STREET ADDRESS	<b>450 S. 3rd St.</b>		
1.4 CITY-ST-ZIP	<b>Louisville, KY 40202</b>		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: **J. Clay Luby**      **J. Clay Luby, Asst. Treasurer**      4-30-97 (502) 585-6119  
DATE: \_\_\_\_\_      DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)