

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 844970 (4)

1. Corporation Name
FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO. (COMPANY)



Principal Place of Business
**1600 W. 2200 S.
4TH FLOOR
SALT LAKE CITY UT 84119
US**

Mailing Address
**P. O. BOX 27008
SALT LAKE CITY UT 84127-0008
US**

3. Date Incorporated or Qualified
01/14/1980

3a. Date of Last Report
03/27/1995

4. FEI Number
87-0364806

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. Suite, Apt #, etc

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt #, etc

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITAL BUILDING
TALLAHASSEE FL FL 32301**

81 Name

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

83

84 City

85 Zip Code

FL

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 of Present Registered Agent (Required)

Signature of Registered Agent (Required when not signing)

Date

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**CD COLBY, ORRIN T JR.
1600 W. 2200 SOUTH
SALT LAKE CITY UT**

**PD BOYLE, GORDON B
1600 W. 2200 SOUTH
SALT LAKE CITY UT**

**VST WORSLEY, WILLIAM J
1600 W. 2200 SOUTH
SALT LAKE CITY UT**

**V BIEHN, CYNTHIA O
1600 WEST 2200 SOUTH
SALT LAKE CITY UT**

**D YANCEY, HAROLD C
1600 WEST 2200 SOUTH
SALT LAKE CITY UT**

**D WAGNER, H. A
1600 WEST 2200 SOUTH
SALT LAKE CITY UT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0-10-96 801-972-7555

Date Telephone #

CR2E034 (3/96)