

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

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**Mar 24 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 # 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 **06/18/1996**
4. FEI Number **87-0364806** 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. State Ass. #, etc.
22. City & State
23. Zip Country
24. 25. 29. 30.

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITAL BUILDING
TALLAHASSEE FL 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 to 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 for said wife, 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	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBY, ORRIN T JR.	1.2 NAME	
STREET ADDRESS	1600 W. 2200 SOUTH	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SALT LAKE CITY UT	1.4 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, GORDON B	2.2 NAME	
STREET ADDRESS	1600 W. 2200 SOUTH	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SALT LAKE CITY UT	2.4 CITY-STATE-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORSLEY, WILLIAM J	3.2 NAME	
STREET ADDRESS	1600 W. 2200 SOUTH	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SALT LAKE CITY UT	3.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEHN, CYNTHIA O	4.2 NAME	
STREET ADDRESS	1600 WEST 2200 SOUTH	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SALT LAKE CITY UT	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANCEY, HAROLD C	5.2 NAME	
STREET ADDRESS	1600 WEST 2200 SOUTH	5.3 STREET ADDRESS	
CITY-STATE-ZIP	SALT LAKE CITY UT	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, H. A	6.2 NAME	
STREET ADDRESS	1600 WEST 2200 SOUTH	6.3 STREET ADDRESS	
CITY-STATE-ZIP	SALT LAKE CITY UT	6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the information contained 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: *[Signature]* 3-17-97 801-972-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)