

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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90147 041 \*\*\*150.00

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|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|--|---|--|

**DOCUMENT # 844970**

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

|  |  |
|--|--|
| Principal Place of Business<br>1600 W. 2200 S.<br>4TH FLOOR<br>SALT LAKE CITY UT 84119<br>US | Mailing Address<br>P. O. BOX 27008<br>SALT LAKE CITY UT 84127-0008<br>US |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip Country                    | Zip Country         |
| 24                             | 29                  |
| 25                             | 30                  |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/14/1980</b>   |  |
| 4. FEI Number<br><b>87-0364806</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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   | <b>FL</b> |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | CD                   | <input type="checkbox"/> DELETE            |
| NAME           | COLBY, ORRIN T JR.   |  |
| STREET ADDRESS | 1600 W. 2200 SOUTH   |  |
| CITY-ST-ZIP    | SALT LAKE CITY UT    |  |
| TITLE          | PD                   | <input type="checkbox"/> DELETE            |
| NAME           | BOYLE, GORDON B      |  |
| STREET ADDRESS | 1600 W. 2200 SOUTH   |  |
| CITY-ST-ZIP    | SALT LAKE CITY UT    |  |
| TITLE          | VST                  | <input type="checkbox"/> DELETE            |
| NAME           | WORSLEY, WILLIAM J   |  |
| STREET ADDRESS | 1600 W. 2200 SOUTH   |  |
| CITY-ST-ZIP    | SALT LAKE CITY UT    |  |
| TITLE          | D                    | <input type="checkbox"/> DELETE            |
| NAME           | YANCEY, HAROLD C     |  |
| STREET ADDRESS | 1600 WEST 2200 SOUTH |  |
| CITY-ST-ZIP    | SALT LAKE CITY UT    |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | WAGNER, H. A         |  |
| STREET ADDRESS | 1600 WEST 2200 SOUTH |  |
| CITY-ST-ZIP    | SALT LAKE CITY UT    |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                            |  |
|--------------------|----------------------------|--|
| 1.1 TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | IGOE, JOHN ARTHUR          |  |
| 1.3 STREET ADDRESS | 1600 W. 2200 SOUTH         |  |
| 1.4 CITY-ST-ZIP    | SALT LAKE CITY, UTAH 84119 |  |
| 2.1 TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | TOPHAM, VERL REED          |  |
| 2.3 STREET ADDRESS | 1600 WEST 2200 SOUTH       |  |
| 2.4 CITY-ST-ZIP    | SALT LAKE CITY, UTAH 84119 |  |
| 3.1 TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | WEBERSEN, STEVEN WILLIAM   |  |
| 3.3 STREET ADDRESS | 1600 WEST 2200 SOUTH       |  |
| 3.4 CITY-ST-ZIP    | SALT LAKE CITY, UTAH 84119 |  |
| 4.1 TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | VEED, RICHARD ALLEN        |  |
| 4.3 STREET ADDRESS | 1600 WEST 2200 SOUTH       |  |
| 4.4 CITY-ST-ZIP    | SALT LAKE CITY, UTAH 84119 |  |
| 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 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: William J. Worsley **Worsley/VP Pres Finance 4/5/99 801-972-7555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)