

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

①

DOCUMENT # 822680

1. Corporation Name

InterContinental Life Insurance Company

95 MAY -1 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001490357
-05/17/95--01036--007
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	701 Brazos	26	701 Brazos	04/21/1969	1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	Suite 1200	27	Suite 1200	22-1769184	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Austin, Texas	28	Austin, Texas	<input checked="" type="checkbox"/> Yes	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	78701	25	U.S.A.		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name Insurance Commissioner		
				82	Street Address (P.O. Box Number is Not Acceptable) Capitol Building		
				83			
				84	City Tallahassee	FL	85 Zip Code 32304

*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		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	*Please see attached list
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(a), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed, set on an attachment with an address).

SIGNATURE: Theodore A. Fleron 04/11/95 512-404-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Theodore A. Fleron - Senior Vice President and General Counsel

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InterContinental Life Insurance Company

Administrative Office: **701 Brazos Street**
 Suite 1200
 Austin, Texas 78701

BOARD OF DIRECTORS

May 9, 1995

Roy F. Mitte	James M. Grace
Eugene E. Payne	Joseph F. Crowe
Steven P. Schmitt	Dale E. Mitte
Richard Kosson	Donald Shuman
W. Lewis Gilcrease	

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Austin, Texas 78701**

OFFICERS

May 9, 1995

<u>Name</u>	<u>Title</u>
Roy F. Mitte	Chairman of the Board, President and Chief Executive Officer
James M. Grace	Executive Vice President, Chief Financial Officer, Treasurer and Assistant Secretary
Eugene E. Payne	Executive Vice President, Chief Marketing and Sales Officer and Secretary
Joseph F. Crowe	Executive Vice President, Chief Operating Officer and Assistant Secretary
Theodore A. Fleron	Senior Vice President, General Counsel and Assistant Secretary
Robert F. Spears	Assistant Secretary
Dale E. Mitte	Senior Vice President and Chief Underwriter
Steven P. Schmitt	Senior Vice President and Assistant Secretary
David C. Hopkins	Senior Vice President and Controller
Jeffrey H. Demgen	Senior Vice President
Thomas Richmond	Senior Vice President
Karl Baker	Senior Vice President and Chief Actuary
Neuman Eskue	Senior Vice President
Michael Scott Mitte	Senior Vice President
John M. Welliver	Vice President

Lois A. Haverstrom	Vice President
Ricardo Cruz	Vice President
Laurie Black	Vice President
John Peasely	Vice President
Robertal Mitchell	Vice President
Paul Vandevere	Vice President
Cam Cook	Vice President
Brad Groff	Vice President
S. Timothy Casey	Vice President