

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **822680** (5)

1. Corporation Name
INTERCONTINENTAL LIFE INSURANCE COMPANY



Principal Place of Business: **701 BRAZOS ST., SUITE 1200 AUSTIN TX 78701**
Mailing Address: **701 BRAZOS ST., SUITE 1200 AUSTIN TX 78701**

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

3. Date Incorporated or Qualified 04/21/1969	3a. Date of Last Report 05/01/1995
4. FEI Number 22-1769184	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304**

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

Signature of person in Block 12 or Block 13 (delete as applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		
12.1	SVC HOPKINS, DAVID CLARK 701 BRAZOS ST SUITE 1200 AUSTIN TX SV	<input type="checkbox"/> DELETE
12.2	MITTE, MICHAEL SCOTT 701 BRAZOS ST SUITE 1200 AUSTIN TX EV	<input checked="" type="checkbox"/> DELETE
12.3	GRACE, JAMES M. 701 BRAZOS ST SUITE 1200 AUSTIN TX EV	<input type="checkbox"/> DELETE
12.4	PAYNE, EUGENE 701 BRAZOS ST SUITE 1200 AUSTIN TX SVAS	<input type="checkbox"/> DELETE
12.5	SCHMITT, STEVEN P. 701 BRAZOS ST SUITE 1200 AUSTIN TX SV	<input type="checkbox"/> DELETE
12.6	FLERON, THEODORE A. 701 BRAZOS ST SUITE 1200 AUSTIN TX	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
13.1	SV and Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Theodore A. Fleron* Theodore A. Fleron 03/04/96 512-404-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE EXPIRES

CR2E034 (12/95)

INTERCONTINENTAL LIFE INSURANCE COMPANY

**Administrative Office:
701 Brazos Street, Suite 1400
Austin, Texas 78701**

**Board of Directors
as of
January 29, 1996**

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	

INTERCONTINENTAL LIFE INSURANCE COMPANY

Administrative Office: 701 Brazos Street
Suite 1400
Austin, Texas 78701

Officers of the Company
as of
January 29, 1996

<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 Administrative Operations Officer and Secretary
Joseph F. Crowe	Executive Vice President, Chief Financial Operations Officer and Assistant Secretary
Roger H. Hamm	Executive Vice President, Chief Sales and Marketing Officer and Assistant Secretary
Theodore A. Fleron	Senior Vice President, General Counsel and 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
Thomas Richmond	Senior Vice President
Karl Baker	Senior Vice President and Chief Actuary
John M. Welliver	Vice President
Lois A. Haverstrom	Vice President

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Ricardo Cruz	Vice President
John Peasley	Vice President
Roberta Mitchell	Vice President
Paul Vandevere	Vice President
Brad Groff	Vice President
Robert Rue	Vice President
Nigel Walker	Vice President
Richard Getter	Vice President