

**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 <b>04/21/1969</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>22-1769184</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 if applicable)

NOTE: Registered Agent signature required when registering

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		<input type="checkbox"/> DELETE
TITLE	<b>SVC</b>	
NAME	<b>HOPKINS, DAVID CLARK</b>	
STREET ADDRESS	<b>701 BRAZOS ST SUITE 1200</b>	
CITY, ST, ZIP	<b>AUSTIN TX</b>	
TITLE	<b>SV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MITTE, MICHAEL SCOTT</b>	
STREET ADDRESS	<b>701 BRAZOS ST SUITE 1200</b>	
CITY, ST, ZIP	<b>AUSTIN TX</b>	
TITLE	<b>EV</b>	<input type="checkbox"/> DELETE
NAME	<b>GRACE, JAMES M.</b>	
STREET ADDRESS	<b>701 BRAZOS ST SUITE 1200</b>	
CITY, ST, ZIP	<b>AUSTIN TX</b>	
TITLE	<b>EV</b>	<input type="checkbox"/> DELETE
NAME	<b>PAYNE, EUGENE</b>	
STREET ADDRESS	<b>701 BRAZOS ST SUITE 1200</b>	
CITY, ST, ZIP	<b>AUSTIN TX</b>	
TITLE	<b>SVAS</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHMITT, STEVEN P.</b>	
STREET ADDRESS	<b>701 BRAZOS ST SUITE 1200</b>	
CITY, ST, ZIP	<b>AUSTIN TX</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> DELETE
NAME	<b>FLERON, THEODORE A.</b>	
STREET ADDRESS	<b>701 BRAZOS ST SUITE 1200</b>	
CITY, ST, ZIP	<b>AUSTIN TX</b>	

13.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	<b>SV and Controller</b>	
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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**

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

## 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