

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90067 009 ***150.00

DOCUMENT # F98000006936

1. Entity Name
MISSION LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business PO BOX 19900 HOUSTON TX 77224	Mailing Address PO BOX 19900 HOUSTON TX 77224-1900
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60033242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2121 Sage Road Suite, Apt. #, etc. Suite 220 City & State Houston, Texas		3. Mailing Address Suite, Apt. #, etc. City & State		4. FEI Number 23-2683617		Applied For Not Applicable	
Zip 77056	Country USA	Zip 77	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE CAPITAL BUILDING TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD EARTHMAN, MICHAEL R 9235 KATY FREEWAY HOUSTON TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D Earthman, Michael R. 2121 Sage Road, Suite 220 Houston, TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EARTHMAN, DONALD C 9235 KATY FREEWAY HOUSTON TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Earthman, Donald C. 2121 Sage Road, Suite 220 Houston, TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRICK, BRIAN R 9235 KATY FREEWAY HOUSTON TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Herrick, Brian R. 2121 Sage Road, Suite 220 Houston, TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRICK, DONALD C 9235 KATY FREEWAY HOUSTON TX	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Earthman, Betsy W. 2121 Sage Road, Suite 220 Houston, TX 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEISENHERZ, ROBERT L 9235 KATY FREEWAY HOUSTON TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beisenherz, Robert L. 2121 Sage Road, Suite 220 Houston, TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Earthman, Jerrie D. 2121 Sage Road, Suite 220 Houston, TX 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian R. Herrick **Herrick, Vice President** (713)984-1517
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)