

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91277 046 ***150.00

ORF5150 AT

DOCUMENT # F98000006936

1. Entity Name
MISSION LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business
2121 SAGE RD
STE-220
HOUSTON TX 77056

Mailing Address
PO BOX 19900
HOUSTON TX 77224

11022905



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2683617**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	EARTHMAN, MICHAEL R	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	EARTHMAN, DONALD C	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HERRICK, BRIAN R	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D	<input type="checkbox"/> Delete
NAME	EARTHMAN, BETSY W	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEISENHERZ, ROBERT L	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D	<input type="checkbox"/> Delete
NAME	EARTHMAN, JERRIE D	
STREET ADDRESS	2121 SAGE RD STE-220	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald J. Kohout	
STREET ADDRESS	2121 Sage Rd., Suite 220	
CITY-ST-ZIP	Houston, Texas 77056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowers.

SIGNATURE: *Donald C Earthman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 713-984-1517
Date Daytime Phone #

CR2E034 (10/02)