

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P16906 (0)**  
 1. Corporation Name  
**CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE**

Principal Place of Business: %CONTINENTAL LIFE CENTER, 101 CONTINENTAL PLACE, BRENTWOOD TN 37027  
 Mailing Address: %CONTINENTAL LIFE CENTER, 101 CONTINENTAL PLACE, BRENTWOOD TN 37027-5033



2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 11/23/1987  
 3a. Date of Last Report: 04/02/1996  
 4. FEI Number: 62-1181209  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER, THE CAPITOL, TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 typed or printed name of registered agent and the Approver) (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	BASKIN SR., RANDALL R.	101 CONTINENTAL PLACE	BRENTWOOD TN	<input type="checkbox"/>
V	HAGEWOOD, WILLIAM D.	101 CONTINENTAL PLACE	BRENTWOOD TN	<input type="checkbox"/>
STD	BASKIN, ROGER S.	101 CONTINENTAL PLACE	BRENTWOOD TN	<input type="checkbox"/>
VD	BRADLEY, WILLIAM B.	101 CONTINENTAL PLACE	BRENTWOOD TN	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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14. I do 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 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: *William D. Hagewood* 3-10-97 615-377-1300

CR2E034 (9/96)