

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16906

1. Entity Name

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD,

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90017 009 ***150.00

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 62-1181209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL 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	

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASKIN SR., RANDALL R.			NAME			
STREET ADDRESS	101 CONTINENTAL PLACE			STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN 37027			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAGEWOOD, WILLIAM D.			NAME			
STREET ADDRESS	101 CONTINENTAL PLACE			STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN 37027			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASKIN, ROGER S.			NAME			
STREET ADDRESS	101 CONTINENTAL PLACE			STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN 37027			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADLEY, WILLIAM B.			NAME			
STREET ADDRESS	101 CONTINENTAL PLACE			STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN 37027			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIGHT, THOMAS A			NAME			
STREET ADDRESS	101 CONTINENTAL PLACE			STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN 37027			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Thomas A. Light Secretary & Treasurer 3/14/00 (615) 377-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)