


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90041 024 \*\*\*150.00

**DOCUMENT # P16906**

1. Entity Name  
**CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE**



Principal Place of Business  
**101 CONTINENTAL BRENTWOOD, TN 37027**

Mailing Address  
**P.O. BOX 1188 BRENTWOOD, TN 37024**

**DO NOT WRITE IN THIS SPACE**

40040877



02122008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES OLSON, CHRISTOPHER M 101 CONTINENTAL PLACE BRENTWOOD, TN 37027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO STEWART, BRIAN C 101 CONTINENTAL PLACE BRENTWOOD, TN 37027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Hendrich, Steven L. 101 Continental Place Brentwood, TN 37027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

**SIGNATURE:** Steven L. Hendrich **Steven L. Hendrich** **02-27-08** **615-312-8882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #