


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

FILED
May 02 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 # P21978 (2)

1. Corporation Name
TEXAS LIFE INSURANCE COMPANY



Principal Place of Business 900 WASHINGTON AVENUE WACO TX 76701	Mailing Address 900 WASHINGTON AVENUE WACO TX 76701-1264
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/05/1988	3a. Date of Last Report 04/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 74-0940890	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE MAYFIELD, JOHN D., III	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	900 WASHINGTON AVENUE	1.2 NAME Cates, Steven T.	
STREET ADDRESS	WACO TX	1.3 STREET ADDRESS 900 Washington Avenue	
CITY - ST - ZIP		1.4 CITY - ST - ZIP Waco, Texas 76701	
TITLE SVPF	<input type="checkbox"/> DELETE AUPPERLE, STEVEN L.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900 WASHINGTON AVENUE	2.2 NAME	
STREET ADDRESS	WACO TX	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE RAGUSA, LOUIS J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE MADISON AVENUE	3.2 NAME	
STREET ADDRESS	NEW YORK NY	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE T	<input type="checkbox"/> DELETE BARTON, EDMUND D.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900 WASHINGTON AVENUE	4.2 NAME	
STREET ADDRESS	WACO TX	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE AS	<input type="checkbox"/> DELETE ANDERSON, PAUL ELLIS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900 WASHINGTON AVENUE	5.2 NAME	
STREET ADDRESS	WACO TX	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE TWEEDIE, JOHN HAMILTON	6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE MADISON AVENUE	6.2 NAME Levene, David A	
STREET ADDRESS	NEW YORK NY	6.3 STREET ADDRESS One Madison Avenue	
CITY - ST - ZIP		6.4 CITY - ST - ZIP New York, New York 10010	

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 included 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 in connection with an attachment with an address.

SIGNATURE: Craig Collier Assistant Vice President & Controller **4-25-97** (817) 752-6521

CP2E034 (9/96)