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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # P21978**

1. Corporation Name

TEXAS LIFE INSURANCE COMPANY

РΠ	ncıpaı	Place	OI	Busine	55
900	WASH	INGTO	N	AVENUE	:

Mailing Address

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90053 016 \*\*\*150.00



900 Washington Avenue Waco TX 76701		900 WASHINGTON AVENUE WACO TX 76701		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 12/05/1988				
2. Principal Pla	ace of Business	2a. Mailing Address	-		4. FEI Number	<u> </u>	pplied For		
21		26			74-0940890		lot Applicable		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>T</b>	Additional Required		
City & State		City & State			6. Election Campaign Financing  Trust Fund Contribution	•	May Be I to Fees		
Zip 24			Persona		<ol><li>This corporation owes the current year In Personal Property Tax.</li></ol>	☐ Yes	□No		
	9. Name and Address of Current	Registered Agent		т	10. Name and Address of New Registered	I Agent			
FLOE	NO A INIOI IDANOT COMMISSIONI	-n	81	Name			1		
THE	RIDA INSURANCE COMMISSIONE CAPITOL	:n	82	Street Ad	Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301			83						
			84	City		L 85 Zip	Code		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orized by	the corpora	orporation submits this statement for the purpose cation's board of directors. I hereby accept the appe	of changing it pintment as r	s registered egistered		
<u> </u>	III lattillat with, and accept the congat		- Ciatato				j		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: Rec	stered Age	nt signature requ	uired when reinstating) DATE				
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A				
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition		
NAME	CATES, STEVEN T.		1.2 NAME						
STREET ADDRESS	900 WASHINGTON AVENUE		1.3 STREE	TADDRESS					
CITY-ST-ZIP	WACO TX		1.4 CITY-5	T-ZIP			- Addisina		
TITLE	SVPF	☐ DELETE	2.1 TITLE	-		Change	Addition		
NAME	AUPPERLE, STEVEN L.		2.2 NAME						
STREET ADDRESS	900 WASHINGTON AVENUE		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	WACO TX		2. 4 CITY-	ST-ZIP	<u> </u>		Addition		
TITLE	<b>S</b>	☐ DELETÉ	3.1 TITLE		A A A A A A A A A A A A A A A A A A A	Change	Addition		
NAME	RAGUSA, LOUIS J.		3.2 NAME						
STREET ADDRESS	ONE MADISON AVENUE		3 3 STREE	TADDRESS			ì		
CITY-ST-ZIP	NEW YORK NY		3.4, CITY-	ST-ZIP		Change	Addition		
TITLE	T	☐ DELETE	4.1 TITLE				. Daddon		
NAME	BARTON, EDMUND D.		4, 2 NAME						
STREET ADDRESS	900 WASHINGTON AVENUE			TADDRESS					
CITY-ST-ZIP	WACO TX		4.4 CITY-S	ST-ZIP		☐ Change	Addition		
TITLE	AS	☐ DELETE	5.1 TITLE 5.2 NAME				,		
NAME	ANDERSON, PAUL ELLIS			TADDRESS			(		
STREET ADDRESS	900 WASHINGTON AVENUE		5.4 CITY-5	Į.			ľ		
CITY-ST-ZIP	WACO TX	☐ DELETE	6.1 TITLE	)1-4IF		☐ Change	Addition		
TITLE	D DATE DATED A	☐ DELE1¢	6.2 NAME						
NAME	LEVENE, DAVID A.			TADDOFÉÉ					
STREET ADDRESS	ONE MADISON AVENUE			TADDRESS					
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-5	ST-ZIP	Section 140 07/2Viv Floride Statutes   further o	<del></del>			

14. 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 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 of visuese 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 or an attaching with an address, with all other like empowered.

SIGNATURE:

254745-6306