

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21978

1. Entity Name

TEXAS LIFE INSURANCE COMPANY

Principal Place of Business

900 WASHINGTON AVENUE
WACO TX 76701

Mailing Address

900 WASHINGTON AVENUE
WACO TX 76701-1200

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

74-0940890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CATES, STEVEN T.	
STREET ADDRESS	900 WASHINGTON AVENUE	
CITY-ST-ZIP	WACO TX	
TITLE	SVPF	<input checked="" type="checkbox"/> Delete
NAME	AUPPERLE, STEVEN L.	
STREET ADDRESS	900 WASHINGTON AVENUE	
CITY-ST-ZIP	WACO TX	
TITLE	S.	<input type="checkbox"/> Delete
NAME	RAGUSA, LOUIS J.	
STREET ADDRESS	ONE MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARTON, EDMUND D.	
STREET ADDRESS	900 WASHINGTON AVENUE	
CITY-ST-ZIP	WACO TX	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ANDERSON, PAUL ELLIS	
STREET ADDRESS	900 WASHINGTON AVENUE	
CITY-ST-ZIP	WACO TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVENE, DAVID A.	
STREET ADDRESS	ONE MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President, Actuary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francis H. George	
STREET ADDRESS	900 Washington Avenue	
CITY-ST-ZIP	Waco, TX 76701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Yudkin Rogers	
STREET ADDRESS	One Madison Avenue	
CITY-ST-ZIP	New York, NY 10010	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(254) 752-6521

Daytime Phone #

Francis H. George, Vice President, Actuary

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90562 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)