

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21978

FILED
Feb 24, 2006
Secretary of State

Entity Name: TEXAS LIFE INSURANCE COMPANY

Current Principal Place of Business:

900 WASHINGTON AVENUE
WACO, TX 76701

New Principal Place of Business:

Current Mailing Address:

900 WASHINGTON AVENUE
WACO, TX 76701

New Mailing Address:

P.O. BOX 830
WACO, TX 76703

FEI Number: 74-0940890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CATES, STEVEN T.
Address: 900 WASHINGTON AVENUE
City-St-Zip: WACO, TX

Title: VPA () Delete
Name: GEORGE, FRANCIS H
Address: 900 WASHINGTON AVE
City-St-Zip: WACO, TX 76701

Title: S () Delete
Name: CARR, GWEN L
Address: ONE MADISON AVENUE
City-St-Zip: NEW YORK, NY

Title: AS () Delete
Name: ANDERSON, PAUL ELLIS,
Address: 900 WASHINGTON AVENUE
City-St-Zip: WACO, TX

Title: D () Delete
Name: BUFFMAN, SUSAN A
Address: ONE MADISON AVE
City-St-Zip: NEW YORK, NY 10010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS E. HARMS

_____ Electronic Signature of Signing Officer or Director

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02/24/2006

_____ Date