

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21978

FILED
Feb 18, 2011
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:

P.O. BOX 830
WACO, TX 76703

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CATES, STEVEN T.
Address: 900 WASHINGTON AVENUE
City-St-Zip: WACO, TX 76701

Title: VPA
Name: HARMS, DENNIS E
Address: 900 WASHINGTON AVE
City-St-Zip: WACO, TX 76701

Title: AS
Name: SARLITTO, MARK R
Address: 30 GIDEON REYNOLDS RD
City-St-Zip: CROSS RIVER, NY

Title: S
Name: ANDERSON, PAUL E
Address: 900 WASHINGTON AVENUE
City-St-Zip: WACO, TX 76701

Title: D
Name: BEISENHERZ, ROBERT L
Address: 6 WOLLASTON COURT
City-St-Zip: THE WOODSLAND, TX 77389

Title: D
Name: FLEITZ, MICHAEL E
Address: 1 DARK POND TRAIL
City-St-Zip: WILTON, CT

I hereby 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 all other like empowered.

SIGNATURE: DENNIS E HARMS

VPA

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date