

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

FILED

**Feb 07 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 # 804122 (0)
1. Corporation Name
LAMAR LIFE INSURANCE COMPANY



Principal Place of Business: 11815 N. PENNSYLVANIA ST. CARMEL IN 46032
Mailing Address: 11815 N. PENNSYLVANIA ST. CARMEL IN 46032-4555

3. Date Incorporated or Qualified: 05/03/1933
3a. Date of Last Report: 10/01/1986
4. FEI Number: 64-0188260
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE, FL FL**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 and 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

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	HILBERT, STEPHEN C	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY - ST - ZIP	CARMEL IN 46032	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GONGAWARE, DONALD F	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY - ST - ZIP	CARMEL IN 46032	
TITLE	EVPS	<input type="checkbox"/> DELETE
NAME	INLOW, LAWRENCE W	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY - ST - ZIP	CARMEL IN 46032	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INLOW, LAWRENCE W	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY - ST - ZIP	CARMEL IN 46032	
TITLE	SVPT	<input type="checkbox"/> DELETE
NAME	ADAMS, JAMES S	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY - ST - ZIP	CARMEL IN 46032	
TITLE	SVPA	<input type="checkbox"/> DELETE
NAME	RUHL, RONALD F	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY - ST - ZIP	CARMEL IN 46032	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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 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 if changed or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0479529

CR2E034 (9/96)