

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

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 809121 (7)
 1. Corporation Name
UNITED SERVICES LIFE INSURANCE COMPANY



Principal Place of Business 4601 FAIRFAX DR. P O BOX 3700 ARLINGTON VA 22203	Mailing Address 4601 FAIRFAX DR. P O BOX 3700 ARLINGTON VA 22203-0700
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/14/1952	3a. Date of Last Report 04/02/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 53-0159267	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	85. 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. I am 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDCE	ROE, DAVID H. 6105 STILLWATER WAY MCLEAN VA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME JOHN H. FLITTIE	
CITY-ST-ZIP		1.3 STREET ADDRESS 20 WASHINGTON AVENUE SOUTH, RTE.#0915	
		1.4 CITY-ST-ZIP MINNEAPOLIS MN 55440-0020	
TITLE V	BIEGLER, ANTONIUS M. 3801 CANOE BIRCH COURT FAIRFAX VA	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE V	CHURCH, ROBERT W. 14117-205TH AVE, NE WOODINVILLE WA	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE DP	HAGERTY, JAMES J. 13614-171 ST AVE., NE REDMOND WA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V/COO
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME JAMES G. COCHRAN	
CITY-ST-ZIP		4.3 STREET ADDRESS 4601 FAIRFAX DRIVE	
		4.4 CITY-ST-ZIP ARLINGTON VA 22203	
TITLE V	TAVISHATI, RANDALL 4387 STEPNEY DR GAINESVILLE VA	<input checked="" type="checkbox"/> DELETE	5.1 TITLE V/T/CONTROLLER
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME REBECCA B. CRUNK	
CITY-ST-ZIP		5.3 STREET ADDRESS 4601 FAIRFAX DRIVE	
		5.4 CITY-ST-ZIP ARLINGTON VA 22203	
TITLE S	BERGEN, SUSAN M. 436 PORTLAND AVE, #13 ST PAUL MN	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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: *Rebecca B. Crunk* **SIGNATURE REQUIRED** **REBECCA B. CRUNK** **3/17/97** **703-875-3400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)