

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 811090

(0)

1. Corporation Name

CONTINENTAL LIFE INSURANCE COMPANY

Principal Place of Business

714 MAIN STREET
FT WORTH TX 76102

Mailing Address

714 MAIN STREET
FT WORTH TX 76102

FILED
95 JAN 27 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/11/1956

3a. Date of Last Report

01/25/1994

2. Principal Place of Business

21

Suite, Apt., #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt., #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

4. FEI Number

75-1302442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
200 EAST GAINES STREET
LARSON 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

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AVPS
NAME	MARRAZZO, ROSS A.
STREET ADDRESS	714 MAIN ST.
CITY- ST- ZIP	FORT WORTH TX
TITLE	DVCG
NAME	COLE, T. GARY
STREET ADDRESS	714 MAIN ST.
CITY- ST- ZIP	FORT WORTH TX
TITLE	EVP
NAME	WORKS, JAMES
STREET ADDRESS	714 MAIN
CITY- ST- ZIP	FORT WORTH TX
TITLE	VT
NAME	DITTMAR, JAN M.
STREET ADDRESS	714 MAIN STREET
CITY- ST- ZIP	FORT WORTH TX
TITLE	DPC
NAME	LASATER, GARLAND M.
STREET ADDRESS	714 MAIN STREET
CITY- ST- ZIP	FORT WORTH TX
TITLE	DEVP
NAME	HOOVER, EARL J. JR.
STREET ADDRESS	714 MAIN ST.
CITY- ST- ZIP	FORT WORTH TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	AVP/T
4.3 STREET ADDRESS	Koss, Ronald P.
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

ROSS A. MARRAZZO

1/17/95

817-390-1285