

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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



3. Date Incorporated or Qualified 06/11/1956	3a. Date of Last Report 01/27/1995
4. FEI Number 75-1302442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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. City
84. City
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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AVPS	1.1 TITLE	AS
NAME	MARRAZZO, ROSS A.	12 NAME	Holtzclaw, Lhonda M.
STREET ADDRESS	714 MAIN ST.	13 STREET ADDRESS	714 Main St.
CITY, ST, ZIP	FORT WORTH TX	14 CITY, ST, ZIP	Fort Worth, TX 76102
TITLE	DVCG	2.1 TITLE	DEVPSG
NAME	COLE, T. GARY	22 NAME	COLE, T. GARY
STREET ADDRESS	714 MAIN ST.	23 STREET ADDRESS	
CITY, ST, ZIP	FORT WORTH TX	24 CITY, ST, ZIP	
TITLE	EVP	3.1 TITLE	
NAME	WORKS, JAMES	32 NAME	
STREET ADDRESS	714 MAIN	33 STREET ADDRESS	
CITY, ST, ZIP	FORT WORTH TX	34 CITY, ST, ZIP	
TITLE	AVPT	4.1 TITLE	
NAME	KOSS, RONALD P..	42 NAME	
STREET ADDRESS	714 MAIN STREET	43 STREET ADDRESS	
CITY, ST, ZIP	FORT WORTH TX	44 CITY, ST, ZIP	
TITLE	DPC	5.1 TITLE	
NAME	LASATER, GARLAND M.	52 NAME	
STREET ADDRESS	714 MAIN STREET	53 STREET ADDRESS	
CITY, ST, ZIP	FORT WORTH TX	54 CITY, ST, ZIP	
TITLE	DEVP	6.1 TITLE	EVP
NAME	HOOVER, EARL J. JR.	62 NAME	HOOVER, EARL J. JR.
STREET ADDRESS	714 MAIN ST.	63 STREET ADDRESS	714 MAIN ST.
CITY, ST, ZIP	FORT WORTH TX	64 CITY, ST, ZIP	FORT WORTH, TX 76102

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 119.07(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: *Lhonda Holtzclaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96
Date

817-390-1978
Daytime Phone #

CR2E034 (12/95)