

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/11/1956
3a. Date of Last Report 02/13/1996

4. FEI Number 75-1302442
Applied For
Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 11815 N. Pennsylvania Street
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Carmel, IN
24 Zip	29 46032
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
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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE AS NAME HOLTZCLAW, LHONDA M STREET ADDRESS 714 MAIN STREET CITY-ST-ZIP FT. WORTH TX <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Gongaware, Donald F. 1.3 STREET ADDRESS 11815 N. Pennsylvania Street 1.4 CITY-ST-ZIP Carmel, IN 46032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DEVP NAME COLE, T. GARY STREET ADDRESS 714 MAIN ST. CITY-ST-ZIP FORT WORTH TX <input checked="" type="checkbox"/> DELETE	2.1 TITLE SD 2.2 NAME Colliflower, Michael A. 2.3 STREET ADDRESS 11815 N. Pennsylvania Street 2.4 CITY-ST-ZIP Carmel, IN 46032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE EVP NAME WORKS, JAMES STREET ADDRESS 714 MAIN CITY-ST-ZIP FORT WORTH TX <input checked="" type="checkbox"/> DELETE	3.1 TITLE EVPD 3.2 NAME Dick, Rollin M. 3.3 STREET ADDRESS 11815 N. Pennsylvania Street 3.4 CITY-ST-ZIP Carmel, IN 46032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AVPT NAME KOSS, RONALD P.. STREET ADDRESS 714 MAIN STREET CITY-ST-ZIP FORT WORTH TX <input checked="" type="checkbox"/> DELETE	4.1 TITLE T 4.2 NAME Adams, James S. 4.3 STREET ADDRESS 11815 N. Pennsylvania Street 4.4 CITY-ST-ZIP Carmel, IN 46032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DPC NAME LASATER, GARLAND M. STREET ADDRESS 714 MAIN STREET CITY-ST-ZIP FORT WORTH TX <input checked="" type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Cuneo, Ngaire E. 5.3 STREET ADDRESS 11815 N. Pennsylvania Street 5.4 CITY-ST-ZIP Carmel, IN 45032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE EVP NAME HOOVER, EARL J. JR. STREET ADDRESS 714 MAIN STREET CITY-ST-ZIP FORT WORTH TX <input checked="" type="checkbox"/> DELETE	6.1 TITLE COBD 6.2 NAME Hilbert, Stephen C. 6.3 STREET ADDRESS 11815 N. Pennsylvania Street 6.4 CITY-ST-ZIP Carmel, IN 46032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Michael A. Colliflower

8/5/97

(317)817-6513

CR2E034 (4/97)