

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 11:19

DOCUMENT # **811341** (7)

1. Corporation Name  
**CONSTITUTION LIFE INSURANCE COMPANY**

Principal Place of Business      Mailing Address  
**100 MALLARD CREEK RD  
SUITE 400  
LOUISVILLE KY 40220**      **100 MALLARD CREEK RD  
SUITE 400  
LOUISVILLE KY 40220**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/28/1956**      3a. Date of Last Report **03/15/1994**

4. FEI Number **36-1824600**      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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21 **4211 Norbourne Blvd**      26 **P.O. Box 2699**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23 **Louisville KY**      28 **Dallas TX**  
Zip      Country      Zip      Country  
24 **40207**      25      29 **75221**      30

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITAL BLDG.  
TALLHASSEE FL**

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 of position. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>LAY, WILLIAM S</b>
STREET ADDRESS	<b>1108 OXMOOR WOODS PKWY</b>
CITY - ST - ZIP	<b>LOUISVILLE KY</b>
TITLE	<b>VS</b>
NAME	<b>HAGGERTY, JOSEPH K.</b>
STREET ADDRESS	<b>7210 WOODBRIAR RD.</b>
CITY - ST - ZIP	<b>LOUISVILLE KY</b>
TITLE	<b>-</b>
NAME	<b>HULL, JOHN T</b>
STREET ADDRESS	<b>2830 AVE OF THE WOODS</b>
CITY - ST - ZIP	<b>LOUISVILLE KY</b>
TITLE	<b>V</b>
NAME	<b>WILSON, MARY M.</b>
STREET ADDRESS	<b>8060 BUFFRIDGE</b>
CITY - ST - ZIP	<b>DALLAS TX</b>
TITLE	<b>V</b>
NAME	<b>BRAINLETTE, DANA E.</b>
STREET ADDRESS	<b>605 MALLARD CRK RD</b>
CITY - ST - ZIP	<b>LOUISVILLE KY</b>
TITLE	<b>D</b>
NAME	<b>BAUSENHERZ, ROBERT L</b>
STREET ADDRESS	<b>8000 BRANCH HOLLOW</b>
CITY - ST - ZIP	<b>DALLAS TX</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>James R. Kerber</b>
1.3 STREET ADDRESS	<b>5397 S. Havana Court</b>
1.4 CITY - ST - ZIP	<b>Englewood CO 80111</b>
2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Robert C Greving</b>
2.3 STREET ADDRESS	<b>5905 Glen Heather</b>
2.4 CITY - ST - ZIP	<b>Plano TX 75093</b>
3.1 TITLE	<b>TD</b> <input checked="" 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	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Richard P. Pimsner</b>
5.3 STREET ADDRESS	<b>1514 Fuller Dr</b>
5.4 CITY - ST - ZIP	<b>Cedar Hill, TX 75104</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Glenn H. Gattien, Jr</b>
6.3 STREET ADDRESS	<b>428 Park Avenue</b>
6.4 CITY - ST - ZIP	<b>Falls Church, VA 22046</b>

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)(a), 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 (changed, or in an attachment with an address.

SIGNATURE: Richard P. Pimsner      **Richard P. Pimsner**      3/27/95 (214) 954-7111  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR