

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **811341** (7)

1. Corporation Name

**CONSTITUTION LIFE INSURANCE COMPANY**



Principal Place of Business

Mailing Address

4211 NORBOURNE BOULEVARD  
SUITE 400  
LOUISVILLE KY 40207  
US

P. O. BOX 2699  
SUITE 400  
DALLAS TX 75221  
US

2. Principal Place of Business

2a. Mailing Address

21 500 N. Akard  
Suite, Apt. #, etc.

26 P.O. Box 2699  
Suite, Apt. #, etc.

22 City & State  
23 Dallas, TX

27 City & State  
28 Dallas, TX

24 75201 } 25 Dallas }  
Country

29 75221 } 30 Dallas }  
Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITAL BLDG.  
TALLAHASSEE FL.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

09/28/1956

3a. Date of Last Report

04/04/1995

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

10. Name and Address of New Registered Agent

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, if applicable,

2001 Registered Agent and Secretary to be filed when not filing

DATE

12. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | JAMES R. KERBER       |  |
| STREET ADDRESS | 5397 S. HAVANA COURT  |  |
| CITY- ST- ZIP  | ENGLEWOOD CO          |  |
| TITLE          | VD                    | <input type="checkbox"/> DELETE            |
| NAME           | ROBERT C. GREVING     |  |
| STREET ADDRESS | 4905 GLEN HEATHER     |  |
| CITY- ST- ZIP  | PLANO TX              |  |
| TITLE          | TD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | HULL, JOHN T          |  |
| STREET ADDRESS | 2830 AVE OF THE WOODS |  |
| CITY- ST- ZIP  | LOUISVILLE KY         |  |
| TITLE          | V                     | <input type="checkbox"/> DELETE            |
| NAME           | WILSON, MARY M.       |  |
| STREET ADDRESS | 6060 BUFFRIDGE        |  |
| CITY- ST- ZIP  | DALLAS TX             |  |
| TITLE          | V                     | <input type="checkbox"/> DELETE            |
| NAME           | RICHARD P. PIMSNER    |  |
| STREET ADDRESS | 1514 FULLER DRIVE     |  |
| CITY- ST- ZIP  | CEDAR HILL TX         |  |
| TITLE          | D                     | <input type="checkbox"/> DELETE            |
| NAME           | GLENN H. GETTIER, JR  |  |
| STREET ADDRESS | 428 PARK AVENUE       |  |
| CITY- ST- ZIP  | FALLS CHURCH VA       |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                       |                       |  |
|-----------------------|-----------------------|--|
| 1. TITLE              | VD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME               | Robert J. Bruce       |  |
| 3. STREET ADDRESS     | 4008 Richwater Drive  |  |
| 4. CITY- ST- ZIP      | Dallas, Texas 75252   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5. 1. TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. 2. NAME            |                       |  |
| 7. 3. STREET ADDRESS  |                       |  |
| 8. 4. CITY- ST- ZIP   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 9. 1. TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. 2. NAME           |                       |  |
| 11. 3. STREET ADDRESS |                       |  |
| 12. 4. CITY- ST- ZIP  |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13. 1. TITLE          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. 2. NAME           | Glenn H. Gettier, Jr. |  |
| 15. 3. STREET ADDRESS | 13731 Creekside Place |  |
| 16. 4. CITY- ST- ZIP  | Dallas, TX 75240      |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(214) 954-7111

CR2E034 (12/95)