

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 811341 (7)**  
 1. Corporation Name  
**CONSTITUTION LIFE INSURANCE COMPANY**



Principal Place of Business <b>500 N. AKARD DALLAS TX 75201 US</b>	Mailing Address <b>P.O. BOX 2699 DALLAS TX 75221-2699 US</b>
---	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/28/1956</b>	3a. Date of Last Report <b>04/10/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>36-1824600</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>INSURANCE COMMISSIONER CAPITAL BLDG. TALLAHASSEE FL.</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT J. BRUCE</b>	1.2 NAME	
STREET ADDRESS	<b>6008 RICHWATER DRIVE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DALLAS TE</b>	1.4 CITY- ST- ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT C. GREVING</b>	2.2 NAME	
STREET ADDRESS	<b>4905 GLEN HEATHER</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PLANO TX</b>	2.4 CITY- ST- ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HULL, JOHN T</b>	3.2 NAME	
STREET ADDRESS	<b>2830 AVE OF THE WOODS</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>LOUISVILLE KY</b>	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, MARY M.</b>	4.2 NAME	
STREET ADDRESS	<b>6060 BUFFRIDGE</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DALLAS TX</b>	4.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD P. PIMSNER</b>	5.2 NAME	
STREET ADDRESS	<b>1514 FULLER DRIVE</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CEDAR HILL TX</b>	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLENN H. GETTIER, JR</b>	6.2 NAME	
STREET ADDRESS	<b>13731 CREEKSIDE PLACE</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DALLAS TX</b>	6.4 CITY- ST- ZIP	

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 included 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, on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **April 1, 1997** **214-954-7111**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)