

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 811341 (7)
 1. Corporation Name
CONSTITUTION LIFE INSURANCE COMPANY



Principal Place of Business 500 N. AKARD DALLAS TX 75201 US	Mailing Address P.O. BOX 2699 DALLAS TX 75221 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 717 North Harwood Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/28/1956	
22 City & State 23 Dallas, Texas		27 City & State 28		4. FEI Number 36-1824600	
24 Zip 75201		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 75201		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

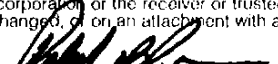
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITAL BLDG. TALLAHASSEE FL.				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT J. BRUCE		1.2 NAME	David B. Montgomery	
STREET ADDRESS	6008 RICHWATER DRIVE		1.3 STREET ADDRESS	717 North Harwood	
CITY-ST-ZIP	DALLAS TE		1.4 CITY-ST-ZIP	Dallas, Texas 75201	
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, JOHN T		2.2 NAME	717 North Harwood	
STREET ADDRESS	2830 AVE OF THE WOODS		2.3 STREET ADDRESS	Dallas, Texas 75201	
CITY-ST-ZIP	LOUISVILLE KY		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARY M.		3.2 NAME	717 North Harwood	
STREET ADDRESS	6060 BUFFRIDGE		3.3 STREET ADDRESS	Dallas, Texas 75201	
CITY-ST-ZIP	DALLAS TX		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD P. PIMSNER		4.2 NAME	717 North Harwood	
STREET ADDRESS	1514 FULLER DRIVE		4.3 STREET ADDRESS	Dallas, Texas 75201	
CITY-ST-ZIP	CEDAR HILL TX		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN H. GETTIER, JR		5.2 NAME	John C. Bower	
STREET ADDRESS	13731 CREEKSIDE PLACE		5.3 STREET ADDRESS	717 North Harwood	
CITY-ST-ZIP	DALLAS TX		5.4 CITY-ST-ZIP	Dallas, Texas 75201	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	David A. Leonard	
STREET ADDRESS			6.3 STREET ADDRESS	717 North Harwood	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Dallas, Texas 75201	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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  **Richard P. Pimsner** April 21, 1998 214-954-7111

CR2E034 (10/97)