

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811341

1. Entity Name

CONSTITUTION LIFE INSURANCE COMPANY

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90124 007 ***150.00

Principal Place of Business

Mailing Address

717 N HARWOOD
 DALLAS TX 75201
 US

P.O. BOX 2699
 DALLAS TX 75221-2699
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-1824600

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITAL BLDG.
 TALLAHASSEE FL.**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDC <input checked="" type="checkbox"/> Delete	TITLE	D/P/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDMONDSON, J P	NAME	Gary W. Bryant
STREET ADDRESS	2610 WYCLIFF ROAD	STREET ADDRESS	600 Courtland St.
CITY-ST-ZIP	RALEIGH NC 27607	CITY-ST-ZIP	Orlando, FL 32804
TITLE	DVPT <input type="checkbox"/> Delete	TITLE	D/SVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYE, MARTHA L	NAME	
STREET ADDRESS	2610 WYCLIFF RD	STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27607	CITY-ST-ZIP	
TITLE	VPS <input checked="" type="checkbox"/> Delete	TITLE	D/SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, ALLAN	NAME	Robert A. Waegelein
STREET ADDRESS	717 N HARWOOD	STREET ADDRESS	600 Courtland St.
CITY-ST-ZIP	DALLAS TX 75201	CITY-ST-ZIP	Orlando, FL 32804
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	D/SVP/Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, JULIA L	NAME	J. Peter Kusev
STREET ADDRESS	2610 WYCLIFF ROAD	STREET ADDRESS	2610 Wycliff Rd.
CITY-ST-ZIP	RALEIGH NC 27607	CITY-ST-ZIP	Raleigh, NC 27607
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRANE, CARL L	NAME	
STREET ADDRESS	2610 WYCLIFF ROAD	STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27607	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, PATRICIA	NAME	
STREET ADDRESS	2610 WYCLIFF ROAD	STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27607	CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Peter Kusev

J. Peter Kusev, SVP and Sec. 3/23/2000 919/786-8198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)