

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

FILED
May 18 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 # **815067** (4)
1. Corporation Name
CONSUMER LIFE INSURANCE CO.

Principal Place of Business 6 EXECUTIVE PARK DR., NE ATLANTA GA 30329 US	Mailing Address 6 EXECUTIVE PARK DR., NE ATLANTA GA 30329 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/17/1961	
4. FEI Number 58-0825266		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. 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
THE CAPITOL
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORKE, MICHAEL J.		1.2 NAME	Brian T. Moynihan	
STREET ADDRESS	1333 MAIN ST		1.3 STREET ADDRESS	One Federal Way	
CITY-ST-ZIP	COLUMBIA SC		1.4 CITY-ST-ZIP	Boston, MA 02110	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SVP A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMOINE, LANCE A.		2.2 NAME	CORY L. BRAUN	
STREET ADDRESS	6 EXECUTIVE PARK DR., NE		2.3 STREET ADDRESS	6 EXECUTIVE PARK DR., NE	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	ATLANTA, GA 30329	
TITLE	SVPA	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIE, JANET H.		3.2 NAME		
STREET ADDRESS	6 EXECUTIVE PARK DR., NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE	PCD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, DONALD F.		4.2 NAME		
STREET ADDRESS	6 EXECUTIVE PARK DR., NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTTERPERL, WILLIAM C		5.2 NAME		
STREET ADDRESS	ONE FEDERAL ST.		5.3 STREET ADDRESS	One Federal Way	
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	TVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAKOWIECKI, PETER J		6.2 NAME	Cleveland Fletcher	
STREET ADDRESS	1333 MAIN ST		6.3 STREET ADDRESS	6 EXECUTIVE PARK DR., NE	
CITY-ST-ZIP	COLUMBIA SC		6.4 CITY-ST-ZIP	ATLANTA, GA 30329	

14. 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 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.

CR2E034 (10/97)