

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 817058 (1)
1. Corporation Name
TRANSPORT LIFE INSURANCE COMPANY

Principal Place of Business 714 MAIN STREET FORT WORTH TEXAS 76102-2252	Mailing Address 714 MAIN STREET FORT WORTH TEXAS 76102-2252
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 11815 N. Pennsylvania Street Suite, Apt. #, etc. 27 City & State 28 Carmel, IN Zip 29 46032 Country 30
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1963	3a. Date of Last Report 02/13/1996
4. FEI Number 75-0999496	Applied For Not Applicable
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
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
200 EAST GAINES ST.
LARSON BLDG
TALLAHASSEE FL 32399

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVCG	<input checked="" type="checkbox"/> DELETE
NAME	COLE, T GARY	
STREET ADDRESS	714 MAIN STREET	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	AVPT	<input checked="" type="checkbox"/> DELETE
NAME	KOSS, RONALD P	
STREET ADDRESS	714 MAIN ST	
CITY-ST-ZIP	FT WORTH TX	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	WORKS, JAMES	
STREET ADDRESS	714 MAIN	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HOLTZCLAW, LHONDA M.	
STREET ADDRESS	714 MAIN STREET	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LASATER, GARLAND M	
STREET ADDRESS	714 MAIN ST	
CITY-ST-ZIP	FORT MAIN TX	
TITLE	EVPC	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, A. FOSTER	
STREET ADDRESS	714 MAIN STREET	
CITY-ST-ZIP	FORT WORTH TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gongaware, Donald F.	
1.3 STREET ADDRESS	11825 N. Pennsylvania Street	
1.4 CITY-ST-ZIP	Carmel, IN 46032	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Colliflower, Michael A.	
2.3 STREET ADDRESS	11815 N. Pennsylvania Street	
2.4 CITY-ST-ZIP	Carmel, IN 46032	
3.1 TITLE	EVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dick, Rollin M.	
3.3 STREET ADDRESS	11815 N. Pennsylvania Street	
3.4 CITY-ST-ZIP	Carmel, IN 46032	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Adams, James S.	
4.3 STREET ADDRESS	11815 N. Pennsylvania Street	
4.4 CITY-ST-ZIP	Carmel, IN 46032	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cuneo, Ngaire E.	
5.3 STREET ADDRESS	11815 N. Pennsylvania Street	
5.4 CITY-ST-ZIP	Carmel, IN 46032	
6.1 TITLE	COBD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hilbert, Stephen C.	
6.3 STREET ADDRESS	11815 N. Pennsylvania Street	
6.4 CITY-ST-ZIP	Carmel, IN 46032	

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 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:  8/5/97 1317817-6513

CR2E034 (4/97)