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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 818785 (8)  
1. Corporation Name  
MID-CONTINENT LIFE INSURANCE COMPANY

Principal Place of Business  
1400 CLASSEN DRIVE - P O BOX 60269  
OKLAHOMA CITY OKLAHOMA 73146-7269

Mailing Address  
1400 CLASSEN DRIVE - P O BOX 60269  
OKLAHOMA CITY OKLAHOMA 73146-0269

3. Date Incorporated or Qualified 06/07/1965	3a. Date of Last Report 02/20/1996
4. FEI Number 73-0353520	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400002260084--1 -08/06/97--01117--011
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	RECIEVER
NAME	SHAFFER, RENEE G.	1.2 NAME	JOHN P. CRAWFORD, OK INS COMMIS.
STREET ADDRESS	1400 CLASSEN DR.	1.3 STREET ADDRESS	OK INS. DEPT, 3414 N. SANTA FE
CITY-ST-ZIP	OKLAHOMA CITY OK	1.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73152-3408
TITLE	P	2.1 TITLE	ASSISTANT RECEIVER
NAME	HARLIN, JAMES L	2.2 NAME	KEITH FITZSIMONS
STREET ADDRESS	1400 CLASSEN DRIVE	2.3 STREET ADDRESS	1400 CLASSEN DRIVE
CITY-ST-ZIP	OKLAHOMA CITY OK	2.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73106
TITLE	V	3.1 TITLE	
NAME	HOLCOMBE, ROBERT O.	3.2 NAME	
STREET ADDRESS	1400 CLASSEN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: X

KEITH FITZSIMONS 6/14/97

CR2E034 (9/96)