FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:14

DOCUMENT # **818891** **(4)**

1. Corporation Name
COMMONWEALTH LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
680 S 4TH AVE.COMMONWEALTH BLD PO BOX 32800 LOUISVILLE KY 40232-2800	680 S 4TH AVE.COMMONWEALTH BLD PO BOX 32800 LOUISVILLE KY 40232-2800

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/16/1965**
3a. Date of Last Report: **02/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **61-0162820** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32304

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE		☐ Change ☐ Addition
NAME	SIMS, MICHAEL H.	12 NAME		
STREET ADDRESS	400 WEST MARKET STREET	13 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE, KY 00000	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BAILEY, IRVING W., II	22 NAME		
STREET ADDRESS	400 WEST MARKET	23 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE, KY 00000	24 CITY ST ZIP		
TITLE	VT	31 TITLE	VT, CFO	☐ Change ☐ Addition
NAME	MARCUCCILLI, J. BRINKE	32 NAME	Marks, James A.	
STREET ADDRESS	400 WEST MARKET	33 STREET ADDRESS	680 Fourth Avenue	
CITY ST ZIP	LOUISVILLE, KY 00000	34 CITY ST ZIP	Louisville, KY 40202	
TITLE	DPC	41 TITLE		☐ Change ☐ Addition
NAME	ADREAN, LEE	42 NAME		
STREET ADDRESS	680 4TH AVE	43 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE, KY 00000	44 CITY ST ZIP		
TITLE	DV	51 TITLE		☐ Change ☐ Addition
NAME	DAY, LARRY D	52 NAME		
STREET ADDRESS	680 4TH AVE	53 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE, KY 00000	54 CITY ST ZIP		
TITLE	CFO	61 TITLE		☒ Change ☐ Addition
NAME	MARCUCCILLI, J BRINKE	62 NAME		
STREET ADDRESS	400 WEST MARKET	63 STREET ADDRESS	Delete	
CITY ST ZIP	LOUISVILLE KY	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Michael H. Sims Michael H. Sims, Secretary 3/20/95 (502) 560-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0984444 CP