

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 607.1505, 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 the corporation

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
S	SIMS, MICHAEL H.	400 WEST MARKET STREET	LOUISVILLE, KY 00000	<input type="checkbox"/>
VT	MARKS, JAMES A	680 4TH AVE	LOUISVILLE, KY 00000	<input type="checkbox"/>
VT	MARCUCCILLI, J. BRINKE	400 WEST MARKET	LOUISVILLE, KY 00000	<input checked="" type="checkbox"/>
DPC	ADREAN, LEE	680 4TH AVE	LOUISVILLE, KY 00000	<input checked="" type="checkbox"/>
DV	DAY, LARRY D	680 4TH AVE	LOUISVILLE, KY 00000	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>
21	Vice President			<input checked="" type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>
31	Treasurer			<input type="checkbox"/>	<input checked="" type="checkbox"/>
32	Elaine J. Robinson	400 W. Market	Louisville, KY 40202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33				<input type="checkbox"/>	<input type="checkbox"/>
34				<input type="checkbox"/>	<input type="checkbox"/>
41	President & Director			<input type="checkbox"/>	<input checked="" type="checkbox"/>
42	Robert S. Greer, Jr.	680 Fourth Ave.	Louisville, KY 40202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43				<input type="checkbox"/>	<input type="checkbox"/>
44				<input type="checkbox"/>	<input type="checkbox"/>
51	Director			<input type="checkbox"/>	<input checked="" type="checkbox"/>
52	Shailesh J. Mehta	400 W. Market St.	Louisville, KY 40202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53				<input type="checkbox"/>	<input type="checkbox"/>
54				<input type="checkbox"/>	<input type="checkbox"/>
61	Director			<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	Irving W. Bailey II	400 W. Market	Louisville, KY 40202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
63				<input type="checkbox"/>	<input type="checkbox"/>
64				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 617, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96 (502) 560-2000  
DATE

CR2E034 (3/96)