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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

680 S 4TH AVE.COMMONWEALTH BLD
PO BOX 32800
LOUISVILLE KY 40232-2800

Mailing Address

680 S 4TH AVE.COMMONWEALTH BLD
PO BOX 32800
LOUISVILLE KY 40232-2800



3. Date Incorporated or Qualified

07/16/1985

3a. Date of Last Report

08/07/1996

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

4. FEI Number

61-0162820

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

Signature of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	SIMS, MICHAEL H	
STREET ADDRESS	400 WEST MARKET STREET	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	V	DELETE
NAME	MARKS, JAMES A	
STREET ADDRESS	680 4TH AVE	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	T	DELETE
NAME	ROBINSON, ELAINE J	
STREET ADDRESS	400 W. MARKET	
CITY - ST - ZIP	LOUISVILLE KY 40202	
TITLE	PD	DELETE
NAME	GREER, ROBERT S JR	
STREET ADDRESS	680 FOURTH AVE.	
CITY - ST - ZIP	LOUISVILLE KY 40202	
TITLE	D	DELETE
NAME	MEHTA, SHAILESH J	
STREET ADDRESS	400 W. MARKET ST.	
CITY - ST - ZIP	LOUISVILLE KY 40202	
TITLE	D	DELETE
NAME	BAILEY, IRVING W II	
STREET ADDRESS	400 W. MARKET	
CITY - ST - ZIP	LOUISVILLE KY 40202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Frederick C. Kessell
6.3 STREET ADDRESS	400 West Market Street
6.4 CITY - ST - ZIP	Louisville, KY 40202

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:

Michael H. Sims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Sims, Secretary 4/15/97 502-560-2786

Date Daytime Phone #

CR2E034 (9/96)