

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 07/16/1965
4. FEI Number 61-0162820		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 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 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	
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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 NAME STREET ADDRESS CITY-ST-ZIP	S SIMS, MICHAEL H 400 WEST MARKET STREET LOUISVILLE KY	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Henry G. Hagan Two East Chase Street Baltimore, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARKS, JAMES A 680 4TH AVE LOUISVILLE KY	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Craig D. Vermie 4333 Edgewood Road, NE Cedar Rapids, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, ELAINE J 400 W. MARKET LOUISVILLE KY 40202	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Patrick S. Baird 4333 Edgewood Road, NE Cedar Rapids, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREER, ROBERT S JR 680 FOURTH AVE. LOUISVILLE KY 40202	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D B. Larry Jenkins Two East Chase Street Baltimore, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHTA, SHAILESH J 400 W. MARKET ST. LOUISVILLE KY 40202	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S Helen Stacey Boyer Two East Chase Street Baltimore, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, IRVING W II 400 W. MARKET LOUISVILLE KY 40202	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	T Ralph L. Arnold Two East Chase Street Baltimore, MD 21201

14. I 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:

Helen Stacey Boyer

Helen Stacey Boyer 4/6/98
VP. General Counsel and 410-347-8632

CR2E034 (10/97)