FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 819570 (3)

1. Corporation Name
UNITED COMPANIES LIFE INSURANCE COMPANY

Principal Place of Business
4041 ESSEN LANE
ONE UNITED PLAZA
BATON ROUGE LA 70809

Mailing Address
4041 ESSEN LANE
ONE UNITED PLAZA
BATON ROUGE LA 70809

2. Principal Place of Business
21 8545 United Plaza Blvd
Suite, Apt #, etc.
22 III United Plaza
City & State
23 Baton Rouge, LA
Zip 24 70809 Country 25

2a. Mailing Address
26 8545 United Plaza Blvd
Suite, Apt. #, etc.
27 III United Plaza
City & State
28 Baton Rouge, LA
Zip 29 70809 Country 30

3. Date Incorporated or Qualified 05/17/1966
3a. Date of Last Report 05/01/1995
4. FEI Number 72-0475131 [ ] 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
STATE INSURANCE COMM.
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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	REDMAN, DALE E.	
STREET ADDRESS	348 LEEWARD DRIVE	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	D	[ ] DELETE
NAME	BROWN, J. TERRELL	
STREET ADDRESS	8772 FAIRWAY DRIVE	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	VD	[ ] DELETE
NAME	WARRINGTON, GARY L.	
STREET ADDRESS	17634 W. MUIRFIELD DR.	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	PCD	[ ] DELETE
NAME	THOMAS, ROBERT B JR.	
STREET ADDRESS	9230 CLUB GLEN	
CITY-ST-ZIP	DALLAS TX	
TITLE	VD	[ ] DELETE
NAME	SEALS, LINDSAY C.	
STREET ADDRESS	1328 STOKELY PLACE	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	D	[XX] DELETE
NAME	CHUSTZ, HARRIS J.	
STREET ADDRESS	9076 MEADOWOOD	
CITY-ST-ZIP	BATON ROUGE LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	[ ] Change [XX] Addition
6.2 NAME	John David Dienes	
6.3 STREET ADDRESS	17801 W. Augusta	
6.4 CITY-ST-ZIP	Baton Rouge, LA	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert B. Thomas Jr. 4/02/96 (504)924-6007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)