

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

FILED  
May 08 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 825022 (7)**  
1. Corporation Name  
**THE VARIABLE ANNUITY MARKETING COMPANY**



Principal Place of Business  
**2929 ALLEN PARKWAY**  
**HOUSTON TX 77019**

Mailing Address  
**P.O. BOX 3206**  
**HOUSTON TX 77253-3206**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>09/02/1970</b>	
<b>4. FEI Number</b> <b>74-1660362</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, JOE C.	1.2 NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, JANE E.	2.2 NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLES, CYNTHIA	3.2 NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BICKEL, STEPHEN D	4.2 NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	4.3 STREET ADDRESS	Director Thomas L. West, Jr. 2929 Allen Parkway Houston TX 77019
CITY-ST-ZIP	HOUSTON TX 77019	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPKE, RONALD E.	5.2 NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, THOMAS N	6.2 NAME	
STREET ADDRESS	10006 N DALE MABRY HWY, STE 113	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	6.4 CITY-ST-ZIP	

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: *[Signature]* *line F Bates Treas* 04/20/98 (713) 891-5435

CR2E034 (10/97)