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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 825022

1. Corporation Name
THE VARIABLE ANNUITY MARKETING COMPANY

UAAT286401



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2929 ALLEN PARKWAY
 HOUSTON TX 77019

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

3. Date Incorporated or Qualified
 09/02/1970

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	74-1660362	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, 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	PD	1.1 TITLE	Exec. Vice President
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	
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	
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	
NAME	WEST, THOMAS L JR	4.2 NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	Sr. VP
NAME	LANGE, THOMAS N	5.2 NAME	
STREET ADDRESS	10006 N DALE MABRY HWY, STE 113	5.3 STREET ADDRESS	14025 Riveredge Drive
CITY-ST-ZIP	TAMPA FL 33618	5.4 CITY-ST-ZIP	Tampa FL 33637
TITLE		6.1 TITLE	President / Director
NAME		6.2 NAME	John E. Arant
STREET ADDRESS		6.3 STREET ADDRESS	2929 Allen Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Houston TX 77019

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, with all other like empowered.

SIGNATURE: *Jane E. Bates* **SIGNATURE REQUIRED** Jane E. Bates 04/22/99 (713) 831-5435

CR2E034 (11/98)