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94 JUN 23 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
UNITED BENEFIT LIFE INSURANCE COMPANY

DOCUMENT # 846310 (1)

Mailing Address
3909 HULEN ST
FT WORTH TX 76107

Principal Place of Business
3909 HULEN ST
FT WORTH TX 76107

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 21	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 06/24/1980
3a. Date of Last Report: 03/12/1993
4. FEI Number: 75-2305400 ☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when restituted)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	P/D	
12 NAME	CLARK, JERRY D	
13 STREET ADDRESS	3909 HULEN ST	
14 CITY-ST-ZIP	FT WORTH TX	
21 TITLE	C	
22 NAME	MERRILL, ROBERT H	
23 STREET ADDRESS	3909 HULEN ST	
24 CITY-ST-ZIP	FT WORTH TX	
31 TITLE	S/T/V	T
32 NAME	GODBEE, TOMI S	JONES, VICKIE J
33 STREET ADDRESS	3909 HULEN ST	3909 Hulen St
34 CITY-ST-ZIP	FT WORTH TX	Fort Worth TX
41 TITLE	D	D
42 NAME	GUNN, FRANK D	BUCHANAN, KELLEY L
43 STREET ADDRESS	3909 HULEN ST	3909 Hulen St
44 CITY-ST-ZIP	FT WORTH TX	Ft Worth TX
51 TITLE	D	
52 NAME	WALKER, JIMMY K JR	
53 STREET ADDRESS	3909 HULEN ST	
54 CITY-ST-ZIP	FT WORTH TX	
61 TITLE	D	
62 NAME	TAYLOR, SAMUEL A.L. JR	
63 STREET ADDRESS	5107 WOODFIELD DR	
64 CITY-ST-ZIP	CARMEL IN	

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)(i), Florida Statutes. I understand the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vickie J. Jones Vickie J. Jones, Treasurer 6/15/94 (817) 377-5609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number