

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 846310

(1)

1. Corporation Name

UNITED BENEFIT LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

3909 HULEN ST
FT WORTH TX 76107

3909 HULEN ST
FT WORTH TX 76107

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/24/1980

3a. Date of Last Report

06/14/1994

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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, 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	CLARK, JERRY D	3909 HULEN ST	FT WORTH TX
C	MERRILL, ROBERT H	3909 HULEN ST	FT WORTH TX
T	JONES, VICKIE J.	3909 HULEN ST.	FT WORTH TX
D	BUCHANAN, KELLY L.	3909 HULEN ST.	FT WORTH TX
D	WALKER, JIMMY K JR	3909 HULEN ST	FT WORTH TX
D	TAYLOR, SAMUEL A.L. JR	5107 WOODFIELD DR	CARMEL IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
Vice President/Secretary	Tomi S. Godbee	3909 Hulen Street	Fort Worth, TX 76107	☐	☒
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
Vice President	William Henry DeGan	3909 Hulen Street	Ft. Worth, TX 76107	☐	☒
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
Vice President & Treas.	Billy L. Jacobs	3909 Hulen Street	Ft. Worth, TX 76107	☒	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
Director	John Phillip Hawkins	3909 Hulen Street	Ft. Worth, TX 76107	☒	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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 110.07(3)(k), Florida Statutes. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy L. Jacobs

2/15/95

817-732-0399