

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 846310 (1)

1. Corporation Name

UNITED BENEFIT LIFE INSURANCE COMPANY



Principal Place of Business

3909 HULEN ST
FT WORTH TX 76107

Mailing Address

3909 HULEN ST
FT WORTH TX 76107

3. Date Incorporated or Qualified

06/24/1980

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5. TITLE 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP

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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy L. Jacobs

1/19/96

(817) 732-0399

CR2E034 (12/95)