

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

FILED

Feb 27 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 76107-7255

3. Date Incorporated or Qualified

06/24/1980

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

75-2305400

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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, 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

TITLE PD ☐ DELETE
NAME CLARK, JERRY D
STREET ADDRESS 3909 HULEN ST
CITY-ST-ZIP FT WORTH TXTITLE C ☐ DELETE
NAME MERRILL, ROBERT H
STREET ADDRESS 3909 HULEN ST
CITY-ST-ZIP FT WORTH TXTITLE VPT ☐ DELETE
NAME JACOBS, BILLY L.
STREET ADDRESS 3909 HULEN ST.
CITY-ST-ZIP FT WORTH TXTITLE D ☒ DELETE
NAME BUCHANAN, KELLY L.
STREET ADDRESS 3909 HULEN ST.
CITY-ST-ZIP FT WORTH TXTITLE D ☐ DELETE
NAME HAWKINS, JOHN P.
STREET ADDRESS 3909 HULEN ST
CITY-ST-ZIP FT WORTH TXTITLE D ☐ DELETE
NAME TAYLOR, SAMUEL A.L. JR
STREET ADDRESS 5107 WOODFIELD DR
CITY-ST-ZIP CARMEL IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition
1.2 NAME Billy L. Jacobs
1.3 STREET ADDRESS 3909 Hulen Street
1.4 CITY-ST-ZIP Fort Worth, TX 761072.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Michael A. Decker
2.3 STREET ADDRESS 3909 Hulen Street
2.4 CITY-ST-ZIP Fort Worth, TX 761073.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME Jeffrey W. Turner
3.3 STREET ADDRESS 3909 Hulen Street
3.4 CITY-ST-ZIP Fort Worth, TX 761074.1 TITLE VPT ☐ Change ☒ Addition
4.2 NAME Brooke J. White
4.3 STREET ADDRESS 3909 Hulen Street
4.4 CITY-ST-ZIP Fort Worth, TX 761075.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy L. Jacobs Sr. VP 2/11/97 (817) 732-0657

Date

Daytime Phone #

CR2E034 (9/96)