

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P02396** (0)

1. Corporation Name

MISSION LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

**9235 KATY FREEWAY
400
HOUSTON TX 77024
US**

**9235 KATY FREEWAY
HOUSTON TX 77024**

3. Date Incorporated or Qualified
06/14/1984

3a. Date of Last Report
05/01/1995

4. FEI Number

74-1075316

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

24

9. Name and Address of Current Registered Agent

25

HARRIS

29

30

HARRIS

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

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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 officer or director who signed this report

OFFICE Registered Agent Signature typed or printed name of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **EARTHMAN, MICHAEL R.**
STREET ADDRESS **9235 KATY FREEWAY**
CITY-ST-ZIP **HOUSTON TX**

TITLE **VTD** ☐ DELETE
NAME **EARTHMAN, DONALD C.**
STREET ADDRESS **9235 KATY FREEWAY**
CITY-ST-ZIP **HOUSTON TX**

TITLE **SD** ☐ DELETE
NAME **EARTHMAN, BLANCHE B.**
STREET ADDRESS **4639 IVANHOE**
CITY-ST-ZIP **HOUSTON TX**

TITLE **D** ☒ DELETE
NAME **EARTHMAN, J.B.**
STREET ADDRESS **4639 IVANHOE**
CITY-ST-ZIP **HOUSTON TX**

TITLE **D** ☐ DELETE
NAME **EARTHMAN, BETSY**
STREET ADDRESS **923 KATY FREEWAY**
CITY-ST-ZIP **HOUSTON TX**

TITLE **D** ☐ DELETE
NAME **EARTHMAN, JERRIE**
STREET ADDRESS **9235 KATY FREEWAY**
CITY-ST-ZIP **HOUSTON TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE **CEO, V,T,D** ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

Donald C. Earthman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald C. Earthman, Chief Executive Officer

4/30/96

(713)984-1517

CR2E034 (12/95)