

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02396 (0)  
1. Corporation Name  
MISSION LIFE INSURANCE COMPANY



Principal Place of Business  
9235 KATY FREEWAY  
400  
HOUSTON TX 77024  
US

Mailing Address  
9235 KATY FREEWAY  
HOUSTON TX 77024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1984	
21		26		4. FEI Number 74-1075316	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	Country	29 Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 HARRIS		30 HARRIS			
9. Name and Address of Current Registered Agent FLORIDA 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	85 Zip Code
				FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EARTHMAN, MICHAEL R.			1.2 NAME	STROUP, CHRIS C.		
STREET ADDRESS	9235 KATY FREEWAY			1.3 STREET ADDRESS	969 HIGH RIDGE ROAD		
CITY-ST-ZIP	HOUSTON TX			1.4 CITY-ST-ZIP	STAMFORD, CONNECTICUT 06905		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EARTHMAN, DONALD C.			2.2 NAME	EARTHMAN, DONALD C.		
STREET ADDRESS	9235 KATY FREEWAY			2.3 STREET ADDRESS	9235 KATY FREEWAY		
CITY-ST-ZIP	HOUSTON TX			2.4 CITY-ST-ZIP	HOUSTON, TX		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OREWILLER, SANDRA J.			3.2 NAME	HAWES, RODNEY A., JR.		
STREET ADDRESS	9235 KATY FREEWAY			3.3 STREET ADDRESS	969 HIGH RIDGE ROAD		
CITY-ST-ZIP	HOUSTON TX			3.4 CITY-ST-ZIP	STAMFORD, CONNECTICUT 06905		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EARTHMAN, BETSY			4.2 NAME			
STREET ADDRESS	923 KATY FREEWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EARTHMAN, JERRIE			5.2 NAME			
STREET ADDRESS	9235 KATY FREEWAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			5.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRICK, BRIAN R.			6.2 NAME			
STREET ADDRESS	9235 KATY FREEWAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			6.4 CITY-ST-ZIP			

14. I 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  DATE 5/1/98

CR2E034 (10/97)