

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 # **P04423** (0)

1. Corporation Name

ENTERPRISE LIFE INSURANCE COMPANY



Principal Place of Business

690 E LAMAR BLVD STE 400
ARLINGTON TX 76011

Mailing Address

690 E LAMAR BLVD STE 400
ARLINGTON TX 76011

2. Principal Place of Business

21 **1901 Gateway**
Suite, Apt. #, etc.

22 **Suite 220**

City & State

23 **Irving, Texas**

Zip

24 **75038**

Country

2a. Mailing Address

26 **1901 Gateway**
Suite, Apt. #, etc.

27 **Suite 220**

City & State

28 **Irving, Texas**

Zip

29 **75038**

Country

3. Date Incorporated or Qualified
12/19/1984

3a. Date of Last Report
03/21/1995

4. FEI Number

75-1617708

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

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

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 office if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

CLAGG, MICKEY L.

STREET ADDRESS

4300 BROOKFIELD

CITY-ST-ZIP

NORMAN OK

TITLE

VTD

☐ DELETE

NAME

LUKASH, JEFFREY J.

STREET ADDRESS

2465 JEFFERSON CT. LN #1113

CITY-ST-ZIP

ARLINGTON TX

TITLE

SD

☒ DELETE

NAME

KOSEK, JR., JOSEPH T.

STREET ADDRESS

2109 BALLANTRAE

CITY-ST-ZIP

COLLEVILLE TX

TITLE

D

☐ DELETE

NAME

MOORE, ROBERT W.

STREET ADDRESS

ROUTE ONE BOX 149

CITY-ST-ZIP

NORMAN OK

TITLE

D

☐ DELETE

NAME

TEREK, DAVID M.

STREET ADDRESS

14151 MONFORT DR. #230

CITY-ST-ZIP

DALLAS TX

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD

Michael Boyd

1120 Travis Circle South

Irving, Texas 75038

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 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 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 attachment with an address.

SIGNATURE:

Jeffrey J. Lukash

Jeffrey J. Lukash

2/29/96 (214) 751-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)