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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(0)

ENTERPRISE LIFE INSURANCE COMPANY Principal Place of Business Maling Address 690 E LAMAR BLVD STE 400 690 E LAMAR BLVD STE 400 ARLINGTON TX 76011 ARLINGTON TX 76011

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					3. Date Incorporated or Qualified 12/19/1984	3a. Date	3/21/199	95
2. Principal Plac	coof Business	2a. Mailing Address			4. FEI Number			Applied For
1901 G	ateway	26 1901 Gate	way		75-1617708		N	Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>+</b>	Additional
Suite :	220	27 Suite 220	0				Fee F	Required
City & State		City & State	_		6. Election Campaign Financing			May Be
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	g. Name and Address of Cur	nem negistered Agent	81	Name	ID, Name and Address of New	nogistorou i	April	·
CI ODIDA	INCUDANCE COMMESSION	ICD	[*.	I Valine				
	INSURANCE COMMISSION	ICH	82	Street A	ddress (P.O. Box Number is Not Accept	able)		
	PITOL BUILDING ASSEE FL 32301		83	<del> </del>				
IALLAMA	155EE FL 32301		63					
			84	City		FL	85 Zr	Code
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ron hereby certify that the information supplied with this tiling is voluntarily lumished 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 out; that I am an officer or director of the copporation 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. J. LuKash

**SIGNATURE:**