

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

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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  
**1801 GATEWAY STE 220 IRVING TX 75038 US**

Mailing Address  
**1801 GATEWAY STE 220 IRVING TX 75038-2406 US**

3. Date Incorporated or Qualified **12/19/1984** 3a. Date of Last Report **03/06/1996**

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip Country

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD CLAGG, MICKEY L.**

STREET ADDRESS **4300 BROOKFIELD NORMAN OK**

CITY- ST- ZIP

TITLE  DELETE

NAME **VTD LUKASH, JEFFREY J.**

STREET ADDRESS **2485 JEFFORSON CT. LN #1113 ARLINGTON TX**

CITY- ST- ZIP

TITLE  DELETE

NAME **SD BOYD, MICHEAL**

STREET ADDRESS **1120 TRAVIS CIRCLE S IRVING TX**

CITY- ST- ZIP

TITLE  DELETE

NAME **D MOORE, ROBERT W.**

STREET ADDRESS **ROUTE ONE BOX 149 NORMAN OK**

CITY- ST- ZIP

TITLE  DELETE

NAME **D TEREK, DAVID M.**

STREET ADDRESS **14151 MONFORT DR. #230 DALLAS TX**

CITY- ST- ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD**  Change  Addition

1.2 NAME **Boyd, Michael J.**

1.3 STREET ADDRESS **1120 Travis Circle S.**

1.4 CITY- ST- ZIP **Irving, TX 75038**

2.1 TITLE **SD**  Change  Addition

2.2 NAME **Clagg, Mickey L.**

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE **TD**  Change  Addition

3.2 NAME **Howells, Russell S.**

3.3 STREET ADDRESS **396 E. Southwest Pkwy.**

3.4 CITY- ST- ZIP **Lewisville, TX 75067**  Change  Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE **D**  Change  Addition

5.2 NAME **Watts, Clyde E.**

5.3 STREET ADDRESS **206 Timber Lake Way**

5.4 CITY- ST- ZIP **Southlake, TX 76092**  Change  Addition

6.1 TITLE

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:** \_\_\_\_\_ **2/27/97** (972) 751-5544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-mo-yr

CR2E034 (9/96)