

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

FILED
May 12 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 # P04423 (0)

1. Corporation Name
ENTERPRISE LIFE INSURANCE COMPANY



Principal Place of Business 1901 GATEWAY STE 220 IRVING TX 75038 US	Mailing Address 1901 GATEWAY STE 220 IRVING TX 75038 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1984

2. Principal Place of Business 21 1901 Gateway Suite, Apt. #, etc. 22 Suite 100 City & State 23 Irving, Texas Zip 24 75038	2a. Mailing Address 26 1901 Gateway Suite, Apt. #, etc. 27 Suite 100 City & State 28 Irving, Texas Zip 29 75038	Country 25 USA	Country 30 USA
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4. FEI Number 75-1617708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, MICHAEL J	1.2 NAME	
STREET ADDRESS	1120 TRAVIS CIRCLE SOUT H	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAGG, MICKEY L	2.2 NAME	
STREET ADDRESS	2485 JEFFORSON CT. LN #1113	2.3 STREET ADDRESS	4300 Brookfield
CITY-ST-ZIP	ARLINGTON TX	2.4 CITY-ST-ZIP	Norman, OK 73072
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELLS, RUSSELL S	3.2 NAME	
STREET ADDRESS	398 E SOUTHWEST PRKWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISVILLE TX	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, ROBERT W.	4.2 NAME	D Moore, Patrick Mark
STREET ADDRESS	ROUTE ONE BOX 149	4.3 STREET ADDRESS	2008 Wyckham Place
CITY-ST-ZIP	NORMAN OK	4.4 CITY-ST-ZIP	Norman, OK 73072
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, CLYDE E	5.2 NAME	
STREET ADDRESS	208 TIMBER LAKE WAY	5.3 STREET ADDRESS	5324 Caranby Street
CITY-ST-ZIP	SOUTHLAKE TX	5.4 CITY-ST-ZIP	Irving, TX 75038
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 trustee 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 _____

CR2E034 (10/97)