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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90082 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04423

1. Corporation Name

ENTERPRISE LIFE INSURANCE COMPANY

Principal Place of Business

**1901 GATEWAY
SUITE 100
IRVING TX 75038
US**

Mailing Address

**1901 GATEWAY
SUITE 100
IRVING TX 75038
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BOYD, MICHAEL J**
STREET ADDRESS **1120 TRAVIS CIRCLE SOUT H**
CITY-ST-ZIP **IRVING TX**

TITLE **SD** ☐ DELETE
NAME **CLAGG, MICKEY L**
STREET ADDRESS **4300 BROOKFIELD**
CITY-ST-ZIP **NORMAN OK 73072**

TITLE **TD** ☐ DELETE
NAME **HOWELLS, RUSSELL S**
STREET ADDRESS **396 E SOUTHWEST PRKWY.**
CITY-ST-ZIP **LEWISVILLE TX**

TITLE **D** ☐ DELETE
NAME **MOORE, PATRICK MARK**
STREET ADDRESS **2008 WYCKHAM PL**
CITY-ST-ZIP **NORMAN OK 73072**

TITLE **D** ☒ DELETE
NAME **WATTS, CLYDE E**
STREET ADDRESS **5324 CARANBY ST**
CITY-ST-ZIP **IRVING TX 75038**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell S. Howells

1/6/98

Date

(972) 445-8375

Daytime Phone #

CR2E034 (1/98)