FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 11 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30364** **(4)**

1. Corporation Name
CENTURY LIFE ASSURANCE COMPANY

Principal Place of Business	Mailing Address
127 SO. HUDSON OKLAHOMA CITY OK 73102	127 SO. HUDSON OKLAHOMA CITY OK 73102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 201 N.W. 63rd
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Oklahoma City, OK
Zip 24 73116 Country 25 OK

2a. Mailing Address
26 201 N.W. 63rd
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Oklahoma City, OK
Zip 29 73116 Country 30 OK

4. FEI Number: 73-1091065 ☐ 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

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	V	☐ Change ☒ Addition
NAME	DEARMON, THOMAS A.	12 NAME	Carter, Emmett D.	
STREET ADDRESS	127 S. HUDSON	13 STREET ADDRESS	201 N.W. 63rd, Suite 100	
CITY-ST-ZIP	OKLAHOMA CITY OK	14 CITY ST ZIP	Oklahoma City, OK 73116	
TITLE	D	21 TITLE	S	☐ Change ☒ Addition
NAME	HALL, KIRKLAND	22 NAME	Strong, Don S.	
STREET ADDRESS	127 S. HUDSON	23 STREET ADDRESS	201 N.W. 63rd, Suite 100	
CITY ST ZIP	OKLAHOMA CITY OK	24 CITY ST ZIP	Oklahoma City, OK 73116	
TITLE	VS	31 TITLE	V	☒ Change ☐ Addition
NAME	POTTER, DEAN M	32 NAME	Potter, Dean M.	
STREET ADDRESS	127 S. HUDSON	33 STREET ADDRESS	201 N.W. 63rd, Suite 100	
CITY ST ZIP	OKLAHOMA CITY OK	34 CITY ST ZIP	Oklahoma City, OK 73116	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	MELOTT, DEBRA J.	42 NAME		
STREET ADDRESS	127 S. HUDSON	43 STREET ADDRESS		
CITY ST ZIP	OKLAHOMA CITY OK	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HALL, FRED J.	52 NAME		
STREET ADDRESS	127 S. HUDSON	53 STREET ADDRESS		
CITY ST ZIP	OKLAHOMA CITY OK	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HALL, BROOKS JR.	62 NAME		
STREET ADDRESS	127 2. HUDSON	63 STREET ADDRESS		
CITY ST ZIP	OKLAHOMA CITY OK	64 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)(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: Emmett D Carter Emmett D. Carter, V.P. 3/29/95 (405)879-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478480 FP