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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

CENTURY LIFE ASSURANCE COMPANY

Principal Place of Business	Mailing Address
201 N.W. 63RD 100 OKLAHOMA CITY OK 73116 US	210 N.W. 63RD 100 OKLAHOMA CITY OK 73116 US

3. Date Incorporated or Qualified: **07/10/1990**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21 100 N.W. 63rd
Suite, Apt. #, etc.
22 300
City & State
23 Oklahoma City, OK
Zip 24 73116 County 25 Oklahoma

2a. Mailing Address
26 100 N.W. 63rd
Suite, Apt. #, etc.
27 300
City & State
28 Oklahoma City, OK
Zip 29 73116 County 30 Oklahoma

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 (Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARTER, EMMETT D. 201 N.W. 63RD, SUITE 100 OKLAHOMA OK	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VT 100 N.W. 63rd, Suite 300	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STRONG, DON S 201 N.W. 63RD, SUITE 100 OKLAHOMA CITY OK	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	100 N.W. 63rd, Suite 300	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POTTER, DEAN M. 201 N.W. 63RD, SUITE 100 OKLAHOMA CITY OK	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	100 N.W. 63rd, Suite 300	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MELOTT, DEBRA J. 127 S. HUDSON OKLAHOMA CITY OK	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, FRED J. 127 S. HUDSON OKLAHOMA CITY OK	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, BROOKS JR. 127 2. HUDSON OKLAHOMA CITY OK	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I 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 added by amendment with an address.

SIGNATURE: Emmett D Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emmett D. Carter 2/22/96 405-879-0099
DATE DAYTIME PHONE NUMBER