

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1-3

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 807395**  
1. Corporation Name

**Primerica Life Insurance Company**

Principal Place of Business: **3120 Breckinridge Blvd. Duluth, GA. 30199-0001**  
Mailing Address: **%Judy Davis/Tax Dept 3120 Breckinridge Blvd. Duluth, Ga. 30199-0001**

3. Date Incorporated or Qualified: **7/26/47**  
3a. Date of Last Report: **4/26/95**  
4. FEI Number: **04-1590590**  
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  
24. Country  
25. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

**9. Name and Address of Current Registered Agent**

**Insurance Commissioner  
The Capitol  
Tallahassee, Fl. 32304**

**10. Name and Address of New Registered Agent**

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

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. Thereby 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 date of filing

NOTE: Registered Agent signature required when registering

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	<b>See Attached Listing</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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-04/19/96--01009--005  
\*\*\*200.00

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)(k), 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 its 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 appointment with an address.

**SIGNATURE:** **Richard Atcheson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 770-564-6162  
DATE

CR2E034 (12/95)



OFFICER

Gerald L. Baxter  
Richard W. Atcheson  
Howard N. Glassman  
Cynthia K. Mitchell  
Karen Wilson  
Alan L. Ingber  
Linda L. Hughey  
Barbara A. Waldron  
George R. Bazinet  
Mary J. Durham  
Ellen W. Montgomery  
Terry W. Robertson  
Dianne Slayton  
V. Catherine Falls  
Kevin A. Seglem  
Lynn G. Lund  
Josie Vanderzanden  
Debra L. Cone  
Denney Voss  
David A. Tyson  
Jordan M. Stitzer  
Emil Molinaro, Jr.  
Kathy D. Karlic  
Genç Collins  
Cindee Chavis-McKinney  
Daniel P. Dezen  
Edwin L. Hoffman  
Nancy A. Howell  
Melanie J. Mitchell  
Elizabeth W. Saunders  
Scott E. Schroeder  
Zeb B. Bradford  
Thomas F. Swift  
Mark L. Supic  
Lisa M. Vacante  
Robert L. Thomas, III

By Appointment:  
Anne S. Rampacek

ADDRESS

3120 Breckinridge Boulevard  
Duluth, Georgia 30199-0001

OFFICE

Vice President and Clerk/Secretary  
Vice President and Assistant Secretary  
Vice President  
Vice President  
Vice President  
Vice President  
Vice President  
Vice President  
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Vice President  
Vice President  
Vice President  
Assistant Secretary

Acting General Counsel

MIL-Offi.sam