

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3:48

DOCUMENT # 817212 (4)

1. Corporation Name
WORLD SERVICE LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business: **714 MAIN STREET FORT WORTH TX 76102**
Mailing Address: **714 MAIN STREET FORT WORTH TX 76102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/16/1963**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business: **300 South Jefferson St.**
2a. Mailing Address: **300 South Jefferson St.**
23. City & State: **Winchester, TN**
28. City & State: **Winchester, TN**
24. Zip: **37398**
25. Country: **FRANKLIN**
29. Zip: **37398**
30. Country: **FRANKLIN**

4. FEI Number: **75-2547834**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER 200 EAST GAINES STREET LARSON BUILDING TALLAHASSEE FL 32399**
10. Name and Address of New Registered Agent: **81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] 85 Zip Code: FL [Blank]**

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: AVPS | NAME: MARRAZZP, ROSS A | 1.1 TITLE: President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 714 MAIN STREET | CITY - ST - ZIP: FORT WORTH TX | 1.2 NAME: Fred Ross III | |
| | | 1.3 STREET ADDRESS: 300 South Jefferson St. | |
| | | 1.4 CITY - ST - ZIP: Winchester, TN - 37398 | |
| TITLE: DEVP | NAME: FINKEL, PAUL A. | 2.1 TITLE: SECRETARY, TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 714 MAIN STREET | CITY - ST - ZIP: FORT WORTH TX | 2.2 NAME: Jack G. Heffington | |
| | | 2.3 STREET ADDRESS: 300 South Jefferson St. | |
| | | 2.4 CITY - ST - ZIP: Winchester, TN 37398 | |
| TITLE: DCP | NAME: LASATER, GARLAND M., JR. | 3.1 TITLE: DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 714 MAIN STREET | CITY - ST - ZIP: FORT WORTH TX | 3.2 NAME: Jeffery Gamble | |
| | | 3.3 STREET ADDRESS: 300 South Jefferson St. | |
| | | 3.4 CITY - ST - ZIP: Winchester, TN 37398 | |
| TITLE: DEVP | NAME: HOOVER, EARL J., JR. | 4.1 TITLE: [Blank] | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 714 MAIN STREET | CITY - ST - ZIP: FORT WORTH TX | 4.2 NAME: NO LONGER WITH COMPANY | |
| | | 4.3 STREET ADDRESS: [Blank] | |
| | | 4.4 CITY - ST - ZIP: [Blank] | |
| TITLE: DEVP | NAME: COLE, T. GARY | 5.1 TITLE: [Blank] | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 714 MAIN STREET | CITY - ST - ZIP: FORT WORTH TX | 5.2 NAME: NO LONGER WITH COMPANY | |
| | | 5.3 STREET ADDRESS: [Blank] | |
| | | 5.4 CITY - ST - ZIP: [Blank] | |
| TITLE: SVP | NAME: WOHL, ELLIOT | 6.1 TITLE: [Blank] | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 714 MAIN STREET | CITY - ST - ZIP: FORT WORTH TX | 6.2 NAME: NO LONGER WITH COMPANY | |
| | | 6.3 STREET ADDRESS: [Blank] | |
| | | 6.4 CITY - ST - ZIP: [Blank] | |

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 110.07(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 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: **Fred Ross III** (Typed Name: Fred Ross III) **3-27-95** (Date) **GS 8/21/90** (Signature)