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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:09

DOCUMENT # **819304** (7)

1. Corporation Name
ARGUS LIFE INSURANCE COMPANY

Principal Place of Business
2000 WADE HAMPTON BLVD.
GREENVILLE SC 29615
US

Mailing Address
ATTN: WILLIAM STEEN, LEGAL DEPT.
12TH FLOOR
NEW ORLEANS LA 70160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1966
3a. Date of Last Report: 07/27/1994

2. Principal Place of Business
21 2555 Severn Ave.
Suite, Apt. #, etc. 22
City & State 23 Metairie, LA 70002
Zip 24 70002 Country 25 USA

2a. Mailing Address
26 p o box 19685
Suite, Apt. #, etc. 27
City & State 28 New Orleans, LA
Zip 29 70179 Country 30 USA

4. FEI Number: 57-6037491 — 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BUILDING
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 — 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 applicable) — New Registered Agent Signature (if applicable) — DATE: March 15, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President/CEO/Director ☒ Change ☐ Addition
NAME	ROBERTS, JOHN K. J	12 NAME	Robert S. Duncan
STREET ADDRESS	601 POYDRAS	13 STREET ADDRESS	100 West Front Street
CITY, ST, ZIP	NEW ORLEANS LA	14 CITY, ST, ZIP	Hattiesburg, MS 39401
TITLE	S	21 TITLE	Vice President/Director ☒ Change ☐ Addition
NAME	TUMMINELLO, TED	22 NAME	Lou Ann Poynter
STREET ADDRESS	601 POYDRAS	23 STREET ADDRESS	100 West Front Street
CITY, ST, ZIP	NEW ORLEANS LA	24 CITY, ST, ZIP	Hattiesburg, MS 39401
TITLE	T	31 TITLE	Director ☒ Change ☐ Addition
NAME	INGLES, LUIS I.	32 NAME	Thomas L. Cousins
STREET ADDRESS	601 POYDRAS	33 STREET ADDRESS	100 West Front Street
CITY, ST, ZIP	NEW ORLEANS LA	34 CITY, ST, ZIP	Hattiesburg, MS 39401
TITLE	SVP	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	LEBLANC, SIDNEY A.	42 NAME	Minnie Boutwell
STREET ADDRESS	601 POYDRAS	43 STREET ADDRESS	100 West Front Street
CITY, ST, ZIP	NEW ORLEANS LA	44 CITY, ST, ZIP	Hattiesburg, MS 39401
TITLE	VPAS	51 TITLE	Secretary ☒ Change ☐ Addition
NAME	STEEN, WILLIAM T	52 NAME	Jack P. Panno
STREET ADDRESS	601 POYDRAS ST., 12TH FLOOR	53 STREET ADDRESS	2555 Severn Avenue
CITY, ST, ZIP	NEW ORLEANS LA	54 CITY, ST, ZIP	Metairie, LA 70002-5938
TITLE	VP	61 TITLE	Asst. Secretary-Treasurer ☒ Change ☐ Addition
NAME	LONGAKER, D. G	62 NAME	Frank C. Kraus, Jr.
STREET ADDRESS	601 POYDRAS ST., 28TH FLOOR	63 STREET ADDRESS	2555 Severn Ave.
CITY, ST, ZIP	NEW ORLEANS FL	64 CITY, ST, ZIP	Metairie, LA 70002

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true 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 attached sheet with no address.

SIGNATURE: Frank C. Kraus Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date: March 15, 1995 — Daytime Phone: 504-456-0101

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