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 MAR 16 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 850744 (4)

1. Corporation Name
EMPIRE GENERAL LIFE ASSURANCE CORPORATION

Principal Place of Business	Mailing Address
2801 HWY 280 SOUTH BIRMINGHAM AL 35223 US	P O BOX 2606 BIRMINGHAM AL 35202 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/16/1981
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 63-1073929 ☐ 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

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	DRAYTON NABERS, JR.	1.2 NAME		
STREET ADDRESS	2801 HWY 280 SOUTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	D	☒ Change ☐ Addition
NAME	R. STEPHEN BRIGGS	2.2 NAME		
STREET ADDRESS	2801 HWY 280 SOUTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP		
TITLE	DVT	3.1 TITLE		☐ Change ☐ Addition
NAME	A. S. WILLIAMS III	3.2 NAME		
STREET ADDRESS	2801 HWY 280 SOUTH	3.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP		
TITLE	DVC	4.1 TITLE		☒ Change ☐ Addition
NAME	STUENKEL, WAYNE E	4.2 NAME		
STREET ADDRESS	2801 HWY 280 SOUTH	4.3 STREET ADDRESS	Delete Stuenkel	
CITY-ST-ZIP	BIRMINGHAM AL 35223	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	S	☐ Change ☒ Addition
NAME		5.2 NAME	JOHN K. WRIGHT	
STREET ADDRESS		5.3 STREET ADDRESS	2801 HIGHWAY 280 SOUTH	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE		6.1 TITLE	D/P	☐ Change ☒ Addition
NAME		6.2 NAME	W. TIMOTHY KNECHTEL	
STREET ADDRESS		6.3 STREET ADDRESS	2801 HIGHWAY 280 SOUTH	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BIRMINGHAM AL 35223	

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: John K. Wright 3-8-95 (205) 868-3581
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN K. WRIGHT, Secretary

0384337 CP