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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002020 (3) 1. Corporation Name WESTERN SECURITY LIFE INSURANCE COMPANY			
Principal Place of Business PO BOX 7161 INDIANAPOLIS IN 46207-7161		Mailing Address PO BOX 7161 INDIANAPOLIS IN 46207-7161	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 04/22/1996		3a. Date of Last Report	
4. FEI Number 75-1233841		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 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 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. 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)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C PRIBLE, LARRY R 2960 N. MERIDIAN ST INDIANAPOLIS IN 46208	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	Director Larry Halbach 2960 N Meridian Indianapolis IN 46208
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VC BOYD, WILLIAM L 2960 N. MERIDIAN ST INDIANAPOLIS IN 46208	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	Director Garrett P Ryan 2960 N Meridian St Indianapolis IN 46208
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CARNEY, GREGORY J 2960 N. MERIDIAN ST INDIANAPOLIS IN 46208	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	Director Karla K Vest 2960 N Meridian St Indianapolis IN 46208
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FAHRENBACH, JOHN J 2960 N. MERIDIAN ST INDIANAPOLIS IN 46208	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NOVOTNEY, MARC D 2960 N. MERIDIAN ST INDIANAPOLIS IN 46208	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	700002167377--0 -05/06/97--01063--029 ****173.75 ****173.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V HEMPHILL, A. GRANT 2960 N. MERIDIAN ST INDIANAPOLIS IN 46208	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	
14. I do hereby certify that the information supplied with this filing 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: <i>Margaret M. M. M. M.</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)