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
MAY 1995

DOCUMENT # **P14283** **(6)**

1. Corporation Name

PROTECTIVE SERVICE LIFE INSURANCE COMPANY, INC.

200001480562
-05/17/95 --01041 --025
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
129 NORTH STATE ST JACKSON MS 39201	129 NORTH STATE ST JACKSON MS 39201

3. Date Incorporated or Qualified: **05/01/1987**
3a. Date of Last Report: **02/03/1994**

4. FEI Number: **64-0391720** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 377 RIVERSIDE DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 400
City & State 23	City & State 28 FRANKLIN, TENNESSEE
Zip 24 / Country 25	Zip 29 37064 / Country 30 USA

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
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	PC		☒ Change ☐ Addition
NAME	ROBINSON, JAMES F.	11 TITLE	D
STREET ADDRESS	129 NORTH STATE ST	12 NAME	ROBINSON, JAMES F.
CITY-ST-ZIP	JACKSON MS	13 STREET ADDRESS	129 NORTH STATE ST.
		14 CITY-ST-ZIP	JACKSON, MS 39201
TITLE	ST		☒ Change ☒ Addition
NAME	LAURO, MARGARET R.	21 TITLE	P/C/D
STREET ADDRESS	234 NORTHBAY DR.	22 NAME	HACKNEY, JOHN A.
CITY-ST-ZIP	MADISON MS	23 STREET ADDRESS	377 RIVERSIDE DR., SUITE 400
		24 CITY-ST-ZIP	FRANKLIN, TN 37064
TITLE			☐ Change ☒ Addition
NAME		31 TITLE	S/D
STREET ADDRESS		32 NAME	MOORE, TAYLOR B.
CITY-ST-ZIP		33 STREET ADDRESS	377 RIVERSIDE DR., SUITE 400
		34 CITY-ST-ZIP	FRANKLIN, TN 37064
TITLE			☐ Change ☒ Addition
NAME		41 TITLE	T/D
STREET ADDRESS		42 NAME	LOWREY, JUDITH C.
CITY-ST-ZIP		43 STREET ADDRESS	377 RIVERSIDE DR., SUITE 400
		44 CITY-ST-ZIP	FRANKLIN, TN 37064
TITLE			☐ Change ☒ Addition
NAME		51 TITLE	D
STREET ADDRESS		52 NAME	WILLIS, WADE A.
CITY-ST-ZIP		53 STREET ADDRESS	377 RIVERSIDE DR., SUITE 400
		54 CITY-ST-ZIP	FRANKLIN, TN 37064
TITLE			☐ Change ☐ Addition
NAME		61 TITLE	
STREET ADDRESS		62 NAME	JEA
CITY-ST-ZIP		63 STREET ADDRESS	5-1-95
		64 CITY-ST-ZIP	

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: Judith C. Lowrey JUDITH C. LOWREY 5-9-95 615-790-0464
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0478034 FP