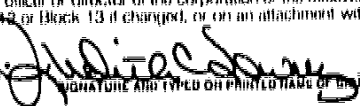


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P14283 (6)		1995 MAY - 3 28		200001490562 -05/17/95 -01041--025 ***\$225.00 ***\$225.00 DO NOT WRITE IN THIS SPACE.	
1. Corporation Name PROTECTIVE SERVICE LIFE INSURANCE COMPANY, INC.		Principal Place of Business 129 NORTH STATE ST JACKSON MS 39201		Mailing Address 129 NORTH STATE ST JACKSON MS 39201	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1987	
21 Suite, Apt. #, etc.		26 377 RIVERSIDE DRIVE		3a. Date of Last Report 02/03/1994	
22 City & State		27 SUITE 400		4. FEI Number 64-0391720	
23 Zip		28 FRANKLIN, TENNESSEE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 37064		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 Country		30 USA		8. This corporation has liability for intangible tax under S. 189.032. Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 how it appears. (NOTE: Registered Agent signature required when resigning)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		PC		11 TITLE	
NAME		ROBINSON, JAMES F.		12 NAME	
STREET ADDRESS		129 NORTH STATE ST		13 STREET ADDRESS	
CITY, ST, ZIP		JACKSON MS		14 CITY, ST, ZIP	
TITLE		ST		21 TITLE	
NAME		LAURO, MARGARET R.		22 NAME	
STREET ADDRESS		234 NORTHBAY DR.		23 STREET ADDRESS	
CITY, ST, ZIP		MADISON MS		24 CITY, ST, ZIP	
TITLE				31 TITLE	
NAME				32 NAME	
STREET ADDRESS				33 STREET ADDRESS	
CITY, ST, ZIP				34 CITY, ST, ZIP	
TITLE				41 TITLE	
NAME				42 NAME	
STREET ADDRESS				43 STREET ADDRESS	
CITY, ST, ZIP				44 CITY, ST, ZIP	
TITLE				51 TITLE	
NAME				52 NAME	
STREET ADDRESS				53 STREET ADDRESS	
CITY, ST, ZIP				54 CITY, ST, ZIP	
TITLE				61 TITLE	
NAME				62 NAME	
STREET ADDRESS				63 STREET ADDRESS	
CITY, ST, ZIP				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 110.07(3)(b), 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 067, 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	
				5-9-95 615-790-0464	