

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 852582 (6)

1. Corporation Name

SAVERS LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business

9300 WEST 110TH STREET
OVERLAND PARK KS 66210

Mailing Address

9300 WEST 110TH STREET
OVERLAND PARK KS 66210

3. Date Incorporated or Qualified
04/15/1982

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
43-1240953

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
THE CAPITOL
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

Signature typed or printed (Name of registered agent and the corporation)

NOTE: Registered Agent Signature (Not required for filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	XX DELETE
NAME	OLDHAM, DALE R.	
STREET ADDRESS	12414 WEDD	
CITY- ST- ZIP	OVERLAND PARK KS	
TITLE	S	X DELETE
NAME	MIETCHEN, JOY L	
STREET ADDRESS	1324 S MAPLE	
CITY- ST- ZIP	OTTAWA KS	
TITLE	President, Director	<input type="checkbox"/> DELETE
NAME	Zach G. Athens	
STREET ADDRESS	10019 Sugar Hill	
CITY- ST- ZIP	Houston, TX 77042	
TITLE	Secretary, Director	<input type="checkbox"/> DELETE
NAME	Charlesa Hooper	
STREET ADDRESS	15722 Acapulco	
CITY- ST- ZIP	Houston, TX 77040	
TITLE	Treasurer, Director	<input type="checkbox"/> DELETE
NAME	Jane Sy	
STREET ADDRESS	10535 Sagewillow	
CITY- ST- ZIP	Houston, TX 77089	
TITLE	Vice President, Director	<input type="checkbox"/> DELETE
NAME	Missey Castro	
STREET ADDRESS	15615 Blue Ash, #1121	
CITY- ST- ZIP	Houston, TX 77090	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Daniel George	
1.3 STREET ADDRESS	304 Lakeside Boulevard	
1.4 CITY- ST- ZIP	Sugar Land, TX 77478	
2.1 TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James Haugh	
2.3 STREET ADDRESS	10818 Idlebrook Drive	
2.4 CITY- ST- ZIP	Houston, TX 77070	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Harris	
3.3 STREET ADDRESS	303 Timberwilde	
3.4 CITY- ST- ZIP	Houston, TX 77024	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Matthew Manis	
4.3 STREET ADDRESS	9106 Tanager	
4.4 CITY- ST- ZIP	Houston, TX 77036	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mary Lou Rainey	
5.3 STREET ADDRESS	2010 Dunstan Road	
5.4 CITY- ST- ZIP	Houston, TX 77036	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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:

Jane Sy

February 28, 1996 713-529-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)