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Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90029 016 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14283

1. Corporation Name

FRANKLIN PROTECTIVE LIFE INSURANCE COMPANY

Principal Place of Business

2001 AIRPORT RD
202
JACKSON MI 39208
US

Mailing Address

377 RIVERSIDE DR.
SUITE 400
FRANKLIN TN 37064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1987

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE
NAME HACKNEY, JOHN A
STREET ADDRESS 377 RIVERSIDE DR. STE. #400
CITY-ST-ZIP FRANKLIN TN 37064

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME POINDEXTER, JERRY D.
STREET ADDRESS 377 RIVERSIDE DR., SUITE 400
CITY-ST-ZIP FRANKLIN TN 37064

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME LOWREY, JUDITH
STREET ADDRESS 377 RIVERSIDE DR. STE. #400
CITY-ST-ZIP FRANKLIN TN 37064

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME WILLIS, WADE A
STREET ADDRESS 377 RIVERSIDE DR. STE. #400
CITY-ST-ZIP FRANKLIN TN

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME OSBORNE, RICHARD A
STREET ADDRESS 377 RIVERSIDE DR. SUITE 400
CITY-ST-ZIP FRANKLIN TN 37064

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE *Judith Lowrey* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

615-790-0464

Daytime Phone #

CR2E034 (11/98)