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CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 23 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 813619 (4)

1. Corporation Name
PIERCE NATIONAL LIFE INSURANCE CO

Principal Place of Business	Mailing Address
2000 WADE HAMPTON BLVD GREENVILLE SC 29615	P.O. BOX 19035 GREENVILLE SC 29602-9035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1959	3a. Date of Last Report: 03/28/1994
4. FEI Number: 95-0862040	☐ 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
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
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, type 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	P	11 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	~~HUNT, W. K III~~	12 NAME	RALPH L. OGDEN
STREET ADDRESS	~~2000 WADE HAMPTON BLVD.~~	13 STREET ADDRESS	2000 WADE HAMPTON BLVD
CITY-ST-ZIP	~~GREENVILLE SC~~	14 CITY-ST-ZIP	GREENVILLE SC 29615
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MARTHA G.	22 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29615	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOHN P.	32 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29615	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	OGDEN, RALPH L.	42 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29615	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HIPP, W. HAYNE	52 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29615	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	VICE PRESIDENT ☑ Change ☐ Addition
NAME	~~HIBBARD, STANLEY B. JR.~~	62 NAME	EUGENE F. CATER, SR.
STREET ADDRESS	~~2000 WADE HAMPTON BLVD.~~	63 STREET ADDRESS	2000 WADE HAMPTON BLVD
CITY-ST-ZIP	~~GREENVILLE SC 29615~~	64 CITY-ST-ZIP	GREENVILLE SC

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: Martha G. Williams MARTHA G. WILLIAMS 1-11-95 (803) 268-8280
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF FICER OR DIRECTOR — Title — Daytime Phone #

0002022 CP