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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 801588

(5)

1. Corporation Name

LIBERTY LIFE INSURANCE COMPANY

Principal Place of Business  
8000 WADE HAMPTON BLVD  
GREENVILLE SC 29615

Mailing Address  
PO BOX 789  
GREENVILLE SC 29602-0789



3. Date Incorporated or Qualified  
03/17/1922

3a. Date of Last Report  
04/26/1996

4. FEI Number  
57-0249218

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
CAPITAL BLDG.  
TALLAHASSEE FL 32304

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HUNT, W KENNETH III  
STREET ADDRESS 2000 WADA HAMPTON BLVD  
CITY-ST-ZIP GREENVILLE FL  
XX DELETE

TITLE VD  
NAME HOWE, DR. HENRY G.  
STREET ADDRESS 2000 WADE HAMPTON BLVD  
CITY-ST-ZIP GREENVILLE SC  
☐ DELETE

TITLE VSD  
NAME WILLIAMS, MARTHA G.  
STREET ADDRESS 2000 WADE HAMPTON BLVD  
CITY-ST-ZIP GREENVILLE  
☐ DELETE

TITLE T  
NAME SMITH, JOH P  
STREET ADDRESS 2000 ADE HAMPTON BLVD  
CITY-ST-ZIP GREENVILLE SC  
☐ DELETE

TITLE V  
NAME CATER, EUGENE F.  
STREET ADDRESS 2000 WADE HAMPTON BLVD.  
CITY-ST-ZIP GREENVILLE SC  
☐ DELETE

TITLE D  
NAME HIPP, HAYNE  
STREET ADDRESS 2000 WADE HAMPTON BLVD  
CITY-ST-ZIP GREENVILLE SC  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Ronald Loewen  
1.3 STREET ADDRESS 2000 Wade Hampton Blvd.  
1.4 CITY-ST-ZIP Greenville, SC 29615

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 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:

E. F. Cater

4/22/97

864/609-8280

CR2E034 (9/96)