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Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
2000 WADE HAMPTON BLVD PO BOX 789
GREENVILLE SC 29615 GREENVILLE SC 29602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 30

3. Date Incorporated or Qualified
03/17/1922
4. FEI Number
57-0249218
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32304

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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME LOEWEN, RONALD
STREET ADDRESS 2000 WADE HAMPTON BLVD
CITY-ST-ZIP GREENVILLE SC
TITLE VD
NAME HOWE, DR. HENRY G.
STREET ADDRESS 2000 WADE HAMPTON BLVD
CITY-ST-ZIP GREENVILLE SC
TITLE VSD
NAME WILLIAMS, MARTHA G.
STREET ADDRESS 2000 WADE HAMPTON BLVD
CITY-ST-ZIP GREENVILLE
TITLE T
NAME SMITH, JOH P
STREET ADDRESS 2000 ADE HAMPTON BLVD
CITY-ST-ZIP GREENVILLE SC
TITLE V
NAME CATER, EUGENE F.
STREET ADDRESS 2000 WADE HAMPTON BLVD.
CITY-ST-ZIP GREENVILLE SC
TITLE D
NAME HIPPI, HAYNE
STREET ADDRESS 2000 WADE HAMPTON BLVD
CITY-ST-ZIP GREENVILLE SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Director
1.2 NAME William P. Morrow
1.3 STREET ADDRESS 2000 Wade Hampton Blvd.
1.4 CITY-ST-ZIP Greenville, SC 29615
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Treasurer
4.2 NAME Kenneth W. Jones
4.3 STREET ADDRESS 2000 Wade Hampton Blvd.
4.4 CITY-ST-ZIP Greenville, SC 29615
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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.

CR2E034 (10/97)