FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:18

DOCUMENT # **804122** **(0)**

1. Corporation Name
LAMAR LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
P.O.BOX 880 317 E. CAPITOL ST. JACKSON MS 39205	P.O.BOX 880 317 E. CAPITOL ST. JACKSON MS 39205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1933
3a. Date of Last Report: 04/04/1994

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

4. FEI Number: 64-0188260 ☐ 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 OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE, FL

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, typed 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	STOVALL, JERRY C	12 NAME		
STREET ADDRESS	317 E CAPITOL STR	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS	14 CITY-ST-ZIP		
TITLE	VPS	21 TITLE		☐ Change ☐ Addition
NAME	COLLIFLOWER, MICHAEL A.	22 NAME		
STREET ADDRESS	317 E CAPITOL ST	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS	24 CITY-ST-ZIP		
TITLE	VPT	31 TITLE		☐ Change ☐ Addition
NAME	MYERS, DAVID F	32 NAME		
STREET ADDRESS	317 E CAPITOL ST	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS	34 CITY-ST-ZIP		
TITLE	SVP	41 TITLE	SVP	☒ Change ☐ Addition
NAME	CHERNOW, DAVID M.	42 NAME	Steven Schoweiler	
STREET ADDRESS	317 EAST CAPITOL STREET	43 STREET ADDRESS	317 East Capitol Street	
CITY-ST-ZIP	JACKSON MS	44 CITY-ST-ZIP	Jackson, MS, 39201	
TITLE	SVP	51 TITLE		☐ Change ☐ Addition
NAME	WATTS, JOHN	52 NAME		
STREET ADDRESS	317 E CAPITOL ST	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS	54 CITY-ST-ZIP		
TITLE	SVP	61 TITLE		☐ Change ☐ Addition
NAME	LEVERETTE, JESSE	62 NAME		
STREET ADDRESS	317 EAST CAPITOL STREET	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS	64 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)(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: _____ David F. Myers 3/30/95 601-355-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GIY6004 FP