

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 807395  
1. Corporation Name

Primerica Life Insurance Company

Principal Place of Business

Mailing Address

3120 Breckinridge Blvd.  
Duluth, GA. 30199-0001

%Judy Davis/Tax Dept  
3120 Breckinridge Blvd.  
Duluth, Ga. 30199-0001

3. Date Incorporated or Qualified

7/26/47

3a. Date of Last Report

4/26/95

4. FEI Number

04-1590590

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

Insurance Commissioner  
The Capitol  
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. Thereby 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 date of filing.

TITLE, Registered Agent Signature, and date of filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

See Attached Listing

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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)(k), 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 its authorized trustee or 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 another document with an address.

SIGNATURE: Richard Atcheson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 770-564-6162

Date

Signature

CR2E034 (12/95)

Donald R. Cooper  
William J. Sheppard  
John A. Helms  
D. Richard Williams  
Mark A. Tullis

[illegible]

