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

APPROVED AND FILED
95 MAY -1 PM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 808516 (9)

1. Corporation Name
MUTUAL SAVINGS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2801 HIGHWAY 31 SOUTH POST OFFICE BOX 2222 DECATUR ALABAMA 35602	2801 HIGHWAY 31 SOUTH POST OFFICE BOX 2222 DECATUR ALABAMA 35602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1951
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 63-0148960 ☐ 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

STATE INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	AGEE, FREDDY J	1.2 NAME		
STREET ADDRESS	2801 HWY 31 S.	1.3 STREET ADDRESS	Graves, Arthur D.	
CITY-ST-ZIP	DECATUR AL	1.4 CITY-ST-ZIP	2801 Hwy 31 S DECATUR, ALABAMA	
TITLE	PC	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DON A.	2.2 NAME		
STREET ADDRESS	2801 HWY 31 S.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR AL	2.4 CITY-ST-ZIP		
TITLE	VDS	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, DON F.	3.2 NAME		
STREET ADDRESS	2801 HWY 31 S.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR AL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, TERRY	4.2 NAME		
STREET ADDRESS	2801 HWY 31 S.	4.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR AL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DON L.	5.2 NAME		
STREET ADDRESS	2801 HWY. 31 S.	5.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR AL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, JOHN H.	6.2 NAME		
STREET ADDRESS	2801 HIGHWAY 31 SOUTH	6.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR AL	6.4 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: _____ John H. Parker, Treasurer April 27, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #
(205) 552-7011

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