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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:14

DOCUMENT # **812167** **(5)**

1. Corporation Name
THE VICTORY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2552 S. CHURCH ST. (37129) MURFREESBORO TN 37133-6338	P.O. BOX 1338 MURFREESBORO TN 37133-1338 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/15/1920	3a. Date of Last Report: 04/26/1994
4. FEI Number: 48-0461300	☐ 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	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 37130 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BLANKENSHIP, CHARLES R.	1.2 NAME	Blankenship, Charles R.	
STREET ADDRESS	300 SW 8TH AVE.	1.3 STREET ADDRESS	2432 Brookhaven Lane	
CITY-ST-ZIP	TOPEKA, KS 00000	1.4 CITY-ST-ZIP	Topeka, KS 66614	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	HESTER, DONNIE P.	2.2 NAME		
STREET ADDRESS	2552 S. CHURCH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO TN	2.4 CITY-ST-ZIP		
TITLE	VSD	3.1 TITLE		☐ Change ☐ Addition
NAME	MOREL, DAVID L.	3.2 NAME		
STREET ADDRESS	2552 S. CHURCH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MURFEESBORO TN	3.4 CITY-ST-ZIP		
TITLE	VT	4.1 TITLE		☐ Change ☐ Addition
NAME	BEHNE, DONALD L.	4.2 NAME		
STREET ADDRESS	2552 S. CHURCH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO TN	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	STOREY, ROBERT W.	5.2 NAME		
STREET ADDRESS	5863 SW 29TH ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	TOPEKA, KS 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	STONES, HAROLD A	6.2 NAME		
STREET ADDRESS	59 PEPPERTREE LN	6.3 STREET ADDRESS		
CITY-ST-ZIP	TOPEKA KS	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: _____ Donnie P. Hester 1-26-95 (615)896-1502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0497614 FN