

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 813619 (4)
1. Corporation Name
PIERCE NATIONAL LIFE INSURANCE CO

Principal Place of Business
2000 WADE HAMPTON BLVD
GREENVILLE SC 29615

Mailing Address
P.O. BOX 18035
GREENVILLE SC 29602-9035

FILED
Apr 29 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1959	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-0862040	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	JOHNSON, JENNIE M.	1.2 NAME	
STREET ADDRESS	2000 WADE HAMPTON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	WILLIAMS, MARTHA G.	2.2 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29615	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	SMITH, JOHN P.	3.2 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29615	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	BISCHOFF, WILLIAM C.	4.2 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HIPP, W. HAYNE	5.2 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29615	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	CATER, EUGENE F. J	6.2 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: E. F. Cater 4/22/97 864/609-8280

CR2E034 (9/96)