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

**CORPORATION ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 813619

(4)

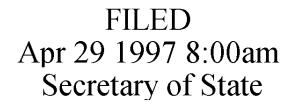
PIERCE NATIONAL LIFE INSURANCE CO

Principal Place of Business

2000 WADE HAMPTON BLVD

Mailing Address

PO BOY 19935





GREENVILLE SC 29815					GREENVILLE SC 29802-9035									
										3	3. Date Incorporated or Qualifier 05/18/1959		Date of Last F	leport
2. Principal Place of Business					28	2a. Mailing Address			4	4. FEI Number		TAI	oplied For	
21					26					95-0862040			ot Applicable	
Sulte, Apt. #, etc.					Suite, Apt. #, etc.				-	5. Certificate of Status Desired			Additional	
22					27				. Certificate of States Desired		Fee Re	equired		
	City & State					City & State			6	<ol><li>Election Campaign Financing</li></ol>	•		Мау Ве	
23	Zip	Country			28	Zip   Cou					Trust Fund Contribution			
24	· zip		25	Country	29	1		шпиу		8	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	or intang	ible tax under s	. 199.032,
9, Name and Address of Current							30	Τ			10, Name and Address of New Registered Agent			
INSURANCE COMMISSIONER									81 Name					
CAPITOL BLDG						-			Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301						82 S			Street Add	ooress (	(F.U. Box Number is Not Accept	able)		
								83		· · · · · · · · · · · · · · · · · · ·				
								84	City				11 -:-	
								64	City			F	<b>-L</b>   <b>85</b>   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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														ts registered registered
SI	GNATURE	Signature, typed	l or p/in	ed name of registered agent	and til	e if applicable (NOT	ed Age	nt signature requ	quired whe	on roinstating)	DAT	r		
12	· · · · · · · · · · · · · · · · · · ·			OFFICERS AND	DIRE		13.				ADDITIONS/CHANGES TO OF	ICERS /		IS IN 12
TIT		P				DELETE	1.1 1	ITLE					☐ Change	Addition
NAME JOHNSON, JENNIE M.				1.2 N		.2 NAME								
STREET ADDRESS CITY_ST_7IP  CITY_ST_7IP  GREENVILLE SC					1.3 S		I.3 STREET ADDRESS							
	Y-ST-ZIP	SHEENV	ILLE	30				ITY-S	T-ZIP					
TITI	•	•	e M	ADTUA C		☐ DELETE	2.1 7						. Change	Addition
	NAME WILLIAMS, MARTHA G. 2000 WADE HAMPTON BLVD.							2.2 NAME						
OPECANALLE CO COCCE						2.3 STREET ADDRESS								
CIT	Y-ST-ZIP	T	ILLL	00 28013		DELETE			ST - ZIP					
NA		SMITH,	ЮНИ	I.P.		ר חברבונ	3.11						Change	Addilion
	REET ADDRESS			HAMPTON BLVD.			3.2 N		1000000					
	Y-\$T-ZIP			SC 29615					ADDRESS					
TITI		VP				DELETE	3.4 U	HY-S	11-211				Change	Addition
NAI		BISCHO	FF. V	/ILLIAM C.			4.21						L ⊃ onange	Recilion
	REET ADDRESS			HAMPTON BLVD.					ADDRESS					
	Y-ST-ZIP	GREENV	ILLE	SC				HY-S						ĺ
TITE		D				DELETE	5.1 T						Change	Addition
NAN	ME	HIPP, W.					52 N	AME	}					
STR	REET ADDRESS			HAMPTON BLVD.			535	TREET	ADDRESS					
CIT	Y-ST-ZIP		ILLE	SC 29615			540	ITY-\$	T- <b>21</b> P					
TITE	LE	VP				DELETE	611			•			Change	Addition
NAN	ME	CATER,					6.2 N	AME						
STR	REET ADDRESS			AMPTON BLVD			6.3 S	IREE1	ADDRESS					
cm	Y-ST-ZIP	GREENV	ILLE	SC			6.4 C	ITY - \$1	r- 7IP					

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.

E. F. Cater

4/22/97

864/609-8280