

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90006 042 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813619

1. Corporation Name

PIERCE NATIONAL LIFE INSURANCE CO

Principal Place of Business

2000 WADE HAMPTON BLVD
GREENVILLE SC 29615

Mailing Address

P.O. BOX 19035
GREENVILLE SC 29602-9035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1959

4. FEI Number

95-0862040

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 owes the current year
Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

1 10 GLENLAKE PKWY, NE

Suite, Apt. #, etc.

2 SUITE 500

City & State

3 ATLANTA, GA

Zip

4 30328

Country

25 USA

2a. Mailing Address

26 10 GLENLAKE PKWY, NE

Suite, Apt. #, etc.

27 SUITE 500

City & State

28 ATLANTA, GA

Zip

29 30328

Country

30 USA

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

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. 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

11 TITLE P ☒ DELETE

AME JOHNSON, JENNIE M.
TREET ADDRESS 2000 WADE HAMPTON DRIVE
ITY-ST-ZIP GREENVILLE SC

11 TITLE S ☒ DELETE

AME WILLIAMS, MARTHA G.
TREET ADDRESS 2000 WADE HAMPTON BLVD.
ITY-ST-ZIP GREENVILLE SC 29615

11 TITLE T ☒ DELETE

AME JONES, KENNETH W
TREET ADDRESS 2000 WADE HAMPTON DRIVE
ITY-ST-ZIP GREENVILLE SC 29615

11 TITLE VP ☒ DELETE

AME BISCHOFF, WILLIAM C.
TREET ADDRESS 2000 WADE HAMPTON BLVD.
ITY-ST-ZIP GREENVILLE SC

11 TITLE D ☒ DELETE

AME HIPP, W. HAYNE
TREET ADDRESS 2000 WADE HAMPTON BLVD.
ITY-ST-ZIP GREENVILLE SC 29615

11 TITLE VP ☒ DELETE

AME CATER, EUGENE F. J
TREET ADDRESS 2000 WADE HAMPTON BLVD
ITY-ST-ZIP GREENVILLE SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☐ Change ☒ Addition

AME ALAN W FEAGIN
TREET ADDRESS 10 GLENLAKE PKWY, NE, SUITE 500
ITY-ST-ZIP ATLANTA, GA 30328

11 TITLE S ☐ Change ☒ Addition

AME JOAN J. TESTA
TREET ADDRESS 10 GLENLAKE PKWY, NE, SUITE 500
ITY-ST-ZIP ATLANTA, GA 30328

11 TITLE T ☐ Change ☒ Addition

AME RICHARD C. MYERS, JR.
TREET ADDRESS 10 GLENLAKE PKWY, NE, SUITE 500
ITY-ST-ZIP ATLANTA, GA 30328

11 TITLE CONTROLLER ☐ Change ☒ Addition

AME MARIANNA J. LAVIZZO
TREET ADDRESS 10 GLENLAKE PKWY, NE, SUITE 500
ITY-ST-ZIP ATLANTA, GA 30328

11 TITLE ☐ Change ☒ Addition

AME DAVID P. KING
TREET ADDRESS 10 GLENLAKE PKWY, NE, SUITE 500
ITY-ST-ZIP ATLANTA, GA 30328

11 TITLE ☐ Change ☐ Addition

AME
TREET ADDRESS
ITY-ST-ZIP

14. I 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.

CR2E034 (5/99)



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607789-90006-42
RECEIVED

AUG 2 1999

THE TREASURER OF THE STATE OF FLORIDA FINANCIAL
DEPARTMENT OF INSURANCE

BILL NELSON

07/27/1999

FORTIS
PIERCE NATIONAL LIFE INS CO
10 GLENLAKE PARKWAY 500
ATLANTA GA 30328

Subject: CHECK

We are returning check # 400043 in the amount of \$550.00 dated 7/21/99 for the reason(s) stated below:

Please return with proper invoice, application, or request.

If there are any questions regarding the processing of fees for this return, please call (850)413-2148.

If returning this item to the Department, please mail to:

FLORIDA DEPARTMENT OF INSURANCE
REVENUE PROCESSING SECTION
Post Office Box 6100
Tallahassee, Florida 32314-6100

*These per
attached
J. Black
7-30-99*