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 APR 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

DOCUMENT # **815067** **(4)**

1. Corporation Name
CONSUMER LIFE INSURANCE CO.

Principal Place of Business	Mailing Address
30 PERIMETER PARK ATLANTA GA 30341	30 PERIMETER PARK ATLANTA GA 30341

3. Date Incorporated or Qualified: **02/17/1961**
3a. Date of Last Report: **03/08/1994**

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

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

4. FEI Number: **59-0825266** ☐ 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

INSURANCE COMMISSIONER
THE CAPITOL
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 _____ 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	PD	11 TITLE	CD	☒ Change ☐ Addition
NAME	OWENS, HAROLD R	12 NAME	JOHN S. POELKER	
STREET ADDRESS	211 PERIMETER CENTER PARKWAY, SUITE 800	13 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	VS	21 TITLE	V	☒ Change ☐ Addition
NAME	STANFORTH, JOHN B	22 NAME	KATHLEEN M. IRELAND	
STREET ADDRESS	211 PERIMETER CENTER PARKWAY, SUITE 800ATL	23 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	VS	31 TITLE	VS	☒ Change ☐ Addition
NAME	SITZES, STEVEN L	32 NAME	THERESE G. FRANZEN	
STREET ADDRESS	211 PERIMETER CENTER PARKWAY, SUITE 800	33 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	ATLANTA, GA 30346	
TITLE	VT	41 TITLE	V	☒ Change ☐ Addition
NAME	WERCHANOWSKYJ, WALT J	42 NAME	GORDON W. WHITE	
STREET ADDRESS	211 PERIMETER CENTER PARKWAY, SUITE 800	43 STREET ADDRESS	211 PERIMETER CENTER PKWAY, SUITE 800	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	ATLANA, GA 30346	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	MUTTERPERL, WILLIAM C	52 NAME		
STREET ADDRESS	111 WESTMINSTER STREET	53 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ZUCCHINI, MICHAEL R	62 NAME		
STREET ADDRESS	111 WESTMINSTER STREET	63 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI	64 CITY-ST-ZIP		

4/14/95 MST

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 S. Poelker JOHN S. POELKER 4/10/95 404-392-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03000350 FP