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PROFIT CORPORATION ANNUAL REPORT

1996

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

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: **04/14/1995**

2. Principal Place of Business (21)

Suite, Apt. #, etc (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

4. FEI Number: **58-0825266** ☐ 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) (Florida Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	11 TITLE	CD	☒ Change ☐ Addition
NAME	POELKER, JOHN S		12 NAME	Torke, Michael J.	
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	V	☒ DELETE	21 TITLE	VD	☒ Change ☐ Addition
NAME	IRELAND, KATHLEEN M		22 NAME	Covington, P. Emery	
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	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	FRANZEN, THERESE G		32 NAME		
STREET ADDRESS	211 PERIMETER CENTER PARKWAY, SUITE 800		33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		34 CITY-ST-ZIP		
TITLE	V	☐ DELETE	41 TITLE	P	☒ Change ☐ Addition
NAME	WHITE, GORDON W		42 NAME		
STREET ADDRESS	211 PERIMETER CENTER PARKWAY, SUITE 800		43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		44 CITY-ST-ZIP		
TITLE	S	☐ DELETE	51 TITLE	100001828321 -05/20/96--01022--093 ***200.00	☐ Change ☐ Addition
NAME	MUTTERPERL, WILLIAM C		52 NAME		
STREET ADDRESS	111 WESTMINISTER STREET		53 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE	T	☒ Change ☐ Addition
NAME	ZUCCHINI, MICHAEL R		62 NAME	Pannone, Richard R.	
STREET ADDRESS	111 WESTMINISTER STREET		63 STREET ADDRESS	111 Westminister Street	
CITY-ST-ZIP	PROVIDENCE RI		64 CITY-ST-ZIP	Providence, RI 02903	

CR2E034 (12/95)

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)(k), 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: Therese G. Franzen April 22, 1996 (770) 392-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Therese G. Franzen