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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

30 PERIMETER PARK
ATLANTA GA 30341

Mailing Address

30 PERIMETER PARK
ATLANTA GA 30341-1329

2. Principal Place of Business

21 6 Executive Park Dr., NE
Suite, Apt. #, etc.

22 City & State

23 Atlanta, GA

Zip

24 30329

Country

25 USA

2a. Mailing Address

26 6 Executive Park Dr., NE
Suite, Apt. #, etc.

27 City & State

28 Atlanta, GA

Zip

29 30329

Country

30 USA

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

02/17/1961

3a. Date of Last Report

05/01/1996

4. FLI 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

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: For registered agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME TORKE, MICHAEL J.
STREET ADDRESS 211 PERIMETER CENTER PARKWAY, SUITE 800
CITY-ST-ZIP ATLANTA GA 30346

☐ DELETE

TITLE VD
NAME COVINGTON, EMERY P.
STREET ADDRESS 211 PERIMETER CENTER PARKWAY, SUITE 800ATL
CITY-ST-ZIP ATLANTA GA 30346

☒ DELETE

TITLE VS
NAME FRANZEN, THERESE G
STREET ADDRESS 211 PERIMETER CENTER PARKWAY, SUITE 800
CITY-ST-ZIP ATLANTA GA

☒ DELETE

TITLE P
NAME WHITE, GORDON W
STREET ADDRESS 211 PERIMETER CENTER PARKWAY, SUITE 800
CITY-ST-ZIP ATLANTA GA

☒ DELETE

TITLE S
NAME MUTTERPERL, WILLIAM C
STREET ADDRESS 111 WESTMINISTER STREET
CITY-ST-ZIP PROVIDENCE RI

☐ DELETE

TITLE T
NAME PANNONE, RICHARD R.
STREET ADDRESS 111 WESTMINISTER STREET
CITY-ST-ZIP PROVIDENCE RI 02903

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Torke, Michael J.
1.3 STREET ADDRESS 1333 Main Street
1.4 CITY-ST-ZIP Columbia, SC 29211

☒ Change ☐ Addition

2.1 TITLE SVP/AS/D
2.2 NAME Lemoine, Lance A.
2.3 STREET ADDRESS 6 Executive Park Dr., NE
2.4 CITY-ST-ZIP Atlanta, GA 30329

☐ Change ☒ Addition

3.1 TITLE SVP/AS
3.2 NAME Mackie, Janet H.
3.3 STREET ADDRESS 6 Executive Park Dr., NE
3.4 CITY-ST-ZIP Atlanta, GA 30329

☐ Change ☒ Addition

4.1 TITLE P/C/D
4.2 NAME Armstrong, Donald F.
4.3 STREET ADDRESS 6 Executive Park Dr., NE
4.4 CITY-ST-ZIP Atlanta, GA 30329

☐ Change ☒ Addition

5.1 TITLE S
5.2 NAME Mutterperl, William C.
5.3 STREET ADDRESS One Federal Street
5.4 CITY-ST-ZIP Boston, MA 02110

☒ Change ☐ Addition

6.1 TITLE T
6.2 NAME Makowiecki, Peter J.
6.3 STREET ADDRESS 1333 Main Street
6.4 CITY-ST-ZIP Columbia, SC 29211

☐ Change ☒ Addition

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:

Monique Bourgeois

Monique Bourgeois, AVP/Asst Sec 04/28/97

(404) 320-2700

CR2E034 (9/96)