

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

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**Apr 29 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 # 816994 (8)**  
1. Corporation Name  
**PEOPLES SECURITY LIFE INSURANCE COMPANY**



Principal Place of Business: **300 W. MORGAN ST. P.O. BOX 61 DURHAM NC 27701-2120**  
Mailing Address: **400 W. MARKET STREET 6TH FLOOR LOUISVILLE KY 40202-3346**

3. Date Incorporated or Qualified: **06/27/1963**  
3a. Date of Last Report: **04/04/1996**  
4. FEI Number: **56-0267250**  
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

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

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DAY, LARRY D	
STREET ADDRESS	680 4TH AVE	
CITY, ST, ZIP	LOUISVILLE KY	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GREER, ROBERT S JR	
STREET ADDRESS	680 FOURTH AVENUE	
CITY, ST, ZIP	LOUISVILLE KY 40202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, IRVING W.	
STREET ADDRESS	400 WEST MARKET	
CITY, ST, ZIP	LOUISVILLE KY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIMS, MICHAEL H.	
STREET ADDRESS	400 WEST MARKET	
CITY, ST, ZIP	LOUISVILLE KY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBINSON, ELAINE J	
STREET ADDRESS	400 W. MARKET STREET	
CITY, ST, ZIP	LOUISVILLE KY 40202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEHTA, SHAILESH J	
STREET ADDRESS	400 W. MARKET STREET	
CITY, ST, ZIP	LOUISVILLE KY 40202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	James A. Marks	
13 STREET ADDRESS	680 Fourth Avenue	
14 CITY - ST - ZIP	Louisville, KY 40202	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Frédéric C. Kessell	
23 STREET ADDRESS	400 West Market Street	
24 CITY - ST - ZIP	Louisville, KY 40202	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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: Michael H. Sims **Michael H. Sims, Secretary 4/15/97 502-560-2786**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)