

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/27/1963	
				4. FEI Number 56-0267250	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	NAME	MARKS, JAMES A.	1.1 TITLE	PD	1.2 NAME	Henry G. Hagan
STREET ADDRESS		STREET ADDRESS	680 4TH AVE	1.3 STREET ADDRESS		1.3 STREET ADDRESS	Two East Chase Street
CITY-ST-ZIP		CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	Baltimore, MD 21201
TITLE	DP	NAME	GREER, ROBERT S JR	2.1 TITLE	D	2.2 NAME	Craig D. Vermie
STREET ADDRESS		STREET ADDRESS	680 FOURTH AVENUE	2.3 STREET ADDRESS		2.3 STREET ADDRESS	4333 Edgewood Road, NE
CITY-ST-ZIP		CITY-ST-ZIP	LOUISVILLE KY 40202	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	Cedar Rapids, IA 52499
TITLE	D	NAME	BAILEY, IRVING W.	3.1 TITLE	D	3.2 NAME	Patrick S. Baird
STREET ADDRESS		STREET ADDRESS	400 WEST MARKET	3.3 STREET ADDRESS		3.3 STREET ADDRESS	4333 Edgewood Road, NE
CITY-ST-ZIP		CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cedar Rapids, IA 52499
TITLE	S	NAME	SIMS, MICHAEL H.	4.1 TITLE	D	4.2 NAME	B. Larry Jenkins
STREET ADDRESS		STREET ADDRESS	400 WEST MARKET	4.3 STREET ADDRESS		4.3 STREET ADDRESS	Two East Chase Street
CITY-ST-ZIP		CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	Baltimore, MD 21201
TITLE	T	NAME	ROBINSON, ELAINE J	5.1 TITLE	S	5.2 NAME	Helen Stacey Boyer
STREET ADDRESS		STREET ADDRESS	400 W. MARKET STREET	5.3 STREET ADDRESS		5.3 STREET ADDRESS	Two East Chase Street
CITY-ST-ZIP		CITY-ST-ZIP	LOUISVILLE KY 40202	5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	Baltimore, MD 21201
TITLE	D	NAME	MEHTA, SHAILESH J	6.1 TITLE	T	6.2 NAME	Ralph L. Arnold
STREET ADDRESS		STREET ADDRESS	400 W. MARKET STREET	6.3 STREET ADDRESS		6.3 STREET ADDRESS	Two East Chase Street
CITY-ST-ZIP		CITY-ST-ZIP	LOUISVILLE KY 40202	6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	Baltimore, MD 21201

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Helen Stacey Boyer*
VP, GC and Secretary
410-347-8632

CR2E034 (10/97)