1 of 2

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 817436 (9)

1. Corporation Name
GEORGIA INTERNATIONAL LIFE INSURANCE CO.

Principal Place of Business
500 WEST FIFTH STREET
WINSTON-SALEM NC 27152
US

Mailing Address
POST OFFICE BOX 3199
WINSTON-SALEM NC 27102-3199
US

3. Date Incorporated or Qualified: 10/23/1963
3a. Date of Last Report: 04/21/1995
4. FEI Number: 58-0806259 — 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 2610 Wycliff Road
22 Suite, Apt. #, etc.
23 City & State: Raleigh, North Carolina
24 Zip: 27607 25 Country: U.S.A.

2a. Mailing Address
26 2610 Wycliff Road
27 Suite, Apt. #, etc.
28 City & State: Raleigh, North Carolina
29 Zip: 27607 30 Country: U.S.A.

9. Name and Address of Current Registered Agent
INURANCE COMMISSIONER
LARSON BLDG
200 E GAINES ST
TALLAHASSEE 32399-7300

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 FL

200001873462
-06/24/96--01045--035
***200.00

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 ________

12. OFFICERS AND DIRECTORS

	Title	Name	Street Address	City-St-Zip	Delete
1	VSD	DORSETT JR., SAMUEL H.	500 WEST FIFTH STREET	WINSTON-SALEM NC	☒
2	V	POTTER, ROBERT A.	500 WEST FIFTH STREET	WINSTON-SALEM NC	☐
3					☐
4					☐
5					☐
6					☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Title	Name	Street Address	City-St-Zip	Change	Addition
1	Director	Greenberg, Allan D.	2610 Wycliff Road	Raleigh, North Carolina 27607	☐	☒
2	V.P., Appt. Actuary		2610 Wycliff Road	Raleigh, North Carolina 27607	☒	☐
3	Director and President	Henson, Jim L.	2610 Wycliff Road	Raleigh, North Carolina 27607	☐	☒
4	Chairman of the Board & CEO	Keehbler, Nicholas C.	2610 Wycliff Road	Raleigh, North Carolina 27607	☐	☒
5	Sr.V.P. & Actuary	Granieri, Vincent J.	2610 Wycliff Road	Raleigh, North Carolina 27607	☐	☒
6	Sr.V.P., Chief Actuary & Sr. Fin. Off.	Prager, Michael J.	2610 Wycliff Road	Raleigh, North Carolina 27607	☐	☒

5/1/12

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: Patricia B. Butler PATRICIA B. Butler 4/23/96 919-786-8186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

PENNCORP FINANCIAL

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: Patricia B. Butler PATRICIA B. Butler 6/17/96 (919) 786-8186
Signature and Typed or Printed Name of Signing Officer or Director **Date** **Daytime Phone #**

Patricia B. Butler
Assistant Secretary
2610 Wycliff Road
Raleigh, North Carolina 27607
(919) 786-8186