FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

APR 11 PM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **833333** **(8)**

1 Name of Corporation

EDUCATION AND RETIREMENT LIFE INSURANCE COMPANY

Principal Office Address

P.O. BOX 6436
1822 DREW STREET, SUITE 5
CLEARWATER FL 34618

Mailing Address

P.O. BOX 6436
1822 DREW STREET, SUITE 5
CLEARWATER FL 34618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1974**	3a. Date of Last Report: **03/02/1994**
4. FEI Number: **63-0523712**	☐ 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

2. Principal Office Address — 21
Suite/Apt. # or — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite/Apt. # or — 27
City & State — 28
Zip — 29 County — 30

8. This corporation has authority to utilize tax under S. 199 Use, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

METZ, ROBERT J.
1478 MAPLE FORESTT ROAD
CLEARWATER FL 32304

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 Section 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: (Typed and Printed Name of Registered Agent and the Position) (If Applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	PD	41 Title	☐ Change ☐ Addition
32 Name	METZ, ROBERT J.	42 Name	
33 Street Address	1478 MAPLE FOREST ROAD	43 Street Address	
34 City-St-ZIP	CLEARWATER FL	44 City-St-ZIP	
35 Title	TD	45 Title	☐ Change ☐ Addition
36 Name	SEIBERTH, SHARRON L.	46 Name	
37 Street Address	1822 DREW STREET, SUITE 5	47 Street Address	
38 City-St-ZIP	CLEARWATER FL	48 City-St-ZIP	
39 Title	SD	49 Title	☐ Change ☐ Addition
40 Name	SCHRIVER, PAMELA D.	50 Name	
41 Street Address	1822 DREW STREET, SUITE 5	51 Street Address	
42 City-St-ZIP	CLEARWATER FL	52 City-St-ZIP	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City-St-ZIP		56 City-St-ZIP	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City-St-ZIP		60 City-St-ZIP	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City-St-ZIP		64 City-St-ZIP	

14. I hereby certify that the information supplied with this report is accurate and that it does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1 or Block 11 above or on an attachment with an address.

SIGNATURE: Sharon L. Seiberth (SHARON L. SEIBERTH) 4/6/95 (PB) 446-0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0458862 FP