FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:25

DOCUMENT # **846163** **(4)**

1. Corporation Name

WESTERN SECURITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
241 N CENTRAL 9TH FLOOR, DEPT. A-621 PHOENIX AZ 85004 US	P.O. BOX 2667 DEPARTMENT A-621 PHOENIX AZ 85002-2667 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/05/1980	03/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 75-1233841 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA COMMISSIONER OF INSURANCE CAPITOL BUILDING TALLAHASSEE FL 32301	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 _____ DATE

(Signature, typed or printed name of registered agent and the date as to each) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	☒ Change	☐ Addition
NAME	BENNETT, CHARLES	12 NAME		
STREET ADDRESS	111 E WISCONSIN AVE., SUITE 915	13 STREET ADDRESS	Suite 1510	
CITY ST ZIP	MILWAUKEE WI	14 CITY ST ZIP		
TITLE	PD	21 TITLE	☐ Change	☐ Addition
NAME	HANSEN, F. RICHARD	22 NAME		
STREET ADDRESS	241 N CENTRAL, 9TH FLOOR, DEPT. A-621	23 STREET ADDRESS		
CITY ST ZIP	PHOENIX AZ	24 CITY ST ZIP		
TITLE	VD	31 TITLE	☒ Change	☐ Addition
NAME	MILESKO, GLEN	32 NAME		
STREET ADDRESS	111 E WISCONSIN AVE, SUITE 915	33 STREET ADDRESS	Suite 1510	
CITY ST ZIP	MILWAUKEE WI	34 CITY ST ZIP		
TITLE	D	41 TITLE	☐ Change	☐ Addition
NAME	RENKE, DAVID J	42 NAME		
STREET ADDRESS	241 N CENTRAL 35TH FLOOR, DEPT., A-659	43 STREET ADDRESS		
CITY ST ZIP	PHOENIX AZ	44 CITY ST ZIP		
TITLE	S	51 TITLE	☐ Change	☐ Addition
NAME	BRUNS, ROBERT W	52 NAME		
STREET ADDRESS	241 N CENTRAL 34TH FLLOR, DEPT. A-LAW	53 STREET ADDRESS		
CITY ST ZIP	PHOENIX AZ	54 CITY ST ZIP		
TITLE	D	61 TITLE	☐ Change	☐ Addition
NAME	HADDOCK, RAND D	62 NAME		
STREET ADDRESS	241 N. CENTRAL 36TH FLOOR DEPT. A-620	63 STREET ADDRESS		
CITY ST ZIP	PHOENIX AZ	64 CITY ST ZIP		

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)(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: F. Richard Hansen F. Richard Hansen 1/12/95 (602)221-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481364 FP

WESTERN SECURITY LIFE INSURANCE COMPANY
P.O. Box 2667, Phoenix, Arizona 85002-2667 • 2400 North Central Avenue, Phoenix, Arizona 85004-1398 • (602) 258-1112

ADDITIONAL LIST OF OFFICERS AND DIRECTORS:

Title	Name	Street Address
Director	Saundra D. Schrock	241 N. Central, 30th Floor, A-709 Phoenix, AZ 85004