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

APPROVED AND FILED

95 APR 28 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **847181** **(5)**

1. Corporation Name
PROVIDENT SECURITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1942 MONROE DRIVE , N.E. ATLANTA GA 30324	1942 MONROE DRIVE , N.E. ATLANTA GA 30324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/10/1980**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **1946 MONROE DRIVE NE**
22 Suite, Apt. #, etc.
23 City & State: **ATLANTA, GA**
24 Zip: **30324 4887** 25 Country: **FULTON**

2a. Mailing Address
26 **P.O. BOX 1738**
27 Suite, Apt. #, etc.
28 City & State: **ATLANTA, GA**
29 Zip: **30301-1738** 30 Country: **FULTON**

4. FEI Number: **59-1097892** ☐ 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

STATE INSURANCE COMMISSIONER OF FLORIDA
STATE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WATKINS, BILL	12 NAME	
STREET ADDRESS	1958 MONROE DR	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, WILLIAM A	22 NAME	
STREET ADDRESS	1942 MONROE DR	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	WATKINS, GEORGE C	32 NAME	
STREET ADDRESS	1958 MONROE DR	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	READY, GEORGE W JR	42 NAME	
STREET ADDRESS	1958 MONROE DR	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	44 CITY-ST-ZIP	
TITLE		51 TITLE	VICE PRES/ASST SEC & TREAS ☐ Change ☒ Addition
NAME		52 NAME	W.T. HERRING
STREET ADDRESS		53 STREET ADDRESS	1946 MONROE DRIVE, N.E.
CITY-ST-ZIP		54 CITY-ST-ZIP	ATLANTA, GA 30324-4887
TITLE		61 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		62 NAME	GARRETT THORNTON
STREET ADDRESS		63 STREET ADDRESS	1946 MONROE DRIVE N.E.
CITY-ST-ZIP		64 CITY-ST-ZIP	ATLANTA, GA 303024-4887

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: George W. Ready Jr **GEORGE W READY JR - S/T** **4-21-95** **404/872-3841**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0008188 CP