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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
PROVIDENT SECURITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1946 NE MONROE DR ATLANTA GA 30324 US	PO BOX 1738 ATLANTA GA 30301-1738 US

3. Date Incorporated or Qualified: 10/10/1980
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc — 27:
City & State — 28:
Zip — 29: Country — 30:

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WATKINS, BILL		1.2 NAME	
STREET ADDRESS	1958 MONROE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, WILLIAM A		2.2 NAME	
STREET ADDRESS	1942 MONROE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000		2.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WATKINS, GEORGE C		3.2 NAME	
STREET ADDRESS	1958 MONROE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000		3.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	READY, GEORGE W JR		4.2 NAME	
STREET ADDRESS	1958 MONROE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000		4.4 CITY-ST-ZIP	
TITLE	VPST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HERRING, W.T.		5.2 NAME	
STREET ADDRESS	1946 NE MONROE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	THORNTON, GARRETT		6.2 NAME	
STREET ADDRESS	1946 NE MONROE DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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** **4-22-97** **404/872-3841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011480