

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847181 (5)
1. Corporation Name
PROVIDENT SECURITY LIFE INSURANCE COMPANY

Principal Place of Business 1946 NE MONROE DR ATLANTA GA 30324 US	Mailing Address PO BOX 1738 ATLANTA GA 30301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1980	
21		26		4. FEI Number 59-1097892	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24		29			
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

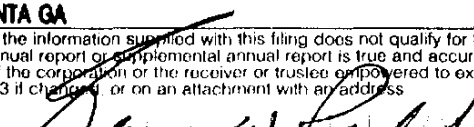
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WATKINS, BILL	1.2 NAME	
STREET ADDRESS	1858 MONROE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	1.4 CITY-ST-ZIP	
TITLE	PD	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	3.1 TITLE	☐ Change ☐ Addition
NAME	WATKINS, GEORGE C	3.2 NAME	
STREET ADDRESS	1858 MONROE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	3.4 CITY-ST-ZIP	
TITLE	ST	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	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	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	

14. I 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:  (404)
GEORGE W READY JR-TREAS 4-21-98 872-3841

CR2E034 (10/97)