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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State
03-23-1999 90026 007 ***150.00

DOCUMENT # 847181

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/10/1980

4. FEI Number: 59-1097892 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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 24 Country 25	Zip 29 Country 30

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	☒ 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	

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, with all other like empowered.

SIGNATURE: George W. Ready JR SIGNATURE REQUIRED — **TREASURER** — **3-15-99** — **404-872-3841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)