

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847181

1. Entity Name

~~PROVIDENT SECURITY LIFE INSURANCE COMPANY~~

Senior Life Insurance Company

NO NAME
chg filed
JRM

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90035 015 ***158.75

Principal Place of Business

1946 NE MONROE DR
ATLANTA GA 30324
US

Mailing Address

PO BOX 1738
ATLANTA GA 30301
US

2. Principal Place of Business

401 East Jackson Street

3. Mailing Address

P.O. Box 2447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Thomasville, GA

City & State

Thomasville, GA

4. FEI Number

58-1097802

Applied For

☒ Not Applicable

Zip
31799

Country
USA

Zip

31799-2447

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER OF FLORIDA
STATE CAPITOL BUILDING
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	FREEMAN, WILLIAM A	
STREET ADDRESS	1942 MONROE DR	
CITY-ST-ZIP	ATLANTA, GA 00000	
TITLE	CD	☐ Delete
NAME	WATKINS, GEORGE C	
STREET ADDRESS	1958 MONROE DR	
CITY-ST-ZIP	ATLANTA, GA 00000	
TITLE	ST	☐ Delete
NAME	READY, GEORGE W JR	
STREET ADDRESS	1958 MONROE DR	
CITY-ST-ZIP	ATLANTA, GA 00000	
TITLE	VPST	☐ Delete
NAME	HERRING, W.T.	
STREET ADDRESS	1946 NE MONROE DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	☐ Delete
NAME	THORNTON, GARRETT	
STREET ADDRESS	1946 NE MONROE DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐ Delete
NAME	WATKINS, MICHAEL L	
STREET ADDRESS	1958 MONROE DR NE	
CITY-ST-ZIP	ATLANTA GA 30324-4887	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☐ Addition
NAME	Dale R. Powell, Jr.	
STREET ADDRESS	401 E. Jackson St.	
CITY-ST-ZIP	Thomasville, GA 31799-2447	
TITLE	C	☐ Change ☐ Addition
NAME	Dale R. Powell, Sr.	
STREET ADDRESS	401 E. Jackson St.	
CITY-ST-ZIP	Thomasville, GA 31799-2447	
TITLE	S	☐ Change ☐ Addition
NAME	Rosemary C. Powell	
STREET ADDRESS	401 E. Jackson St.	
CITY-ST-ZIP	Thomasville, GA 31799-2447	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Dale R. Powell, Jr.

Dale R. Powell, Jr.

(229) 228-6936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)