2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State
01-17-2002 90028 005 ***150.00

DOCUMENT # 847181

1. Entity Name
SENIOR LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
401 EAST JACKSON STREET THOMASVILLE FL 31799 US	P.O. BOX 2447 THOMASVILLE GA 31799-2447 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
401 East Jackson Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Thomasville, GA	City & State
Zip: 31799 Country: US	Zip Country

4. FEI Number 58-1097802 NOT-APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER OF FLORIDA STATE CAPITOL BUILDING TALLAHASSEE FL 32301	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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P POWELL, DALE R JR 401 E JACKSON ST THOMASVILLE GA 31799-2447	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Joseph K. Newton 401 E. Jackson Street Thomasville, GA 31799-2447	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C POWELL, DALE R 401 E JACKSON ST THOMASVILLE GA 31799-2447	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Nicholas Murray 401 E. Jackson Street Thomasville, GA 31799-2447	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POWELL, ROSEMARY 401 E JACKSON ST THOMASVILLE GA 31799-2447	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stephanie H. Powell 401 E. Jackson Street Thomasville, GA 31799-2447	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST HERRING, W.T. 1946 NE MONROE DR ATLANTA GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William E. Holland 401 E. Jackson Street Thomasville, GA 31799-2447	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THORNTON, GARRETT 1946 NE MONROE DR ATLANTA GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATKINS, MICHAEL L 1958 MONROE DR NE ATLANTA GA 30324-4887	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED Nicholas Murray 01/08/02 229-228-6936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #