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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 857191 (1)
1. Corporation Name
INTERNATIONAL FINANCIAL SERVICES LIFE INSURANCE
COMPANY

Principal Place of Business

377 RIVERSIDE DRIVE
FRANKLIN TN 37068
US

Mailing Address

P.O. BOX 681389
FRANKLIN TN 37068-1389
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1983

4. FEI Number

36-2000504

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE 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

TITLE PCD
NAME HACKNEY, JOHN A
STREET ADDRESS 377 RIVERSIDE DRIVE, SUITE 400
CITY-ST-ZIP FRANKLIN TN 37068 ☐ DELETE

TITLE D
NAME POINDEXTER, JERRY D.
STREET ADDRESS 377 RIVERSIDE DR. SUITE 400
CITY-ST-ZIP FRANKLIN TN ☐ DELETE

TITLE TD
NAME LOWREY, JUDITH C
STREET ADDRESS 377 RIVERSIDE DRIVE, SUITE 400
CITY-ST-ZIP FRANKLIN TN 37068 ☐ DELETE

TITLE SD
NAME WILLIS, WADE A
STREET ADDRESS 377 RIVERSIDE DRIVE, SUITE 400
CITY-ST-ZIP FRANKLIN TN 37068 ☐ DELETE

TITLE D
NAME ANGLIN, WILLIAM B
STREET ADDRESS 377 RIVERSIDE DRIVE, SUITE 400
CITY-ST-ZIP FRANKLIN TN 37068 ☐ DELETE

TITLE D
NAME BIBLE, JOHN T
STREET ADDRESS 377 RIVERSIDE DRIVE, SUITE 400
CITY-ST-ZIP FRANKLIN TN 37068 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

[Signature]

1-2-98

115-790-0464

CR2E034 (10/97)