

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006564

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PRIMERICA FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

3900 PARADISE ROAD  
SUITE 127  
LAS VEGAS, NV 89109

## New Principal Place of Business:

9055 WEST POST ROAD  
SUITE C  
LAS VEGAS, NV 89148

## Current Mailing Address:

3120 BRECKINRIDGE BOULEVARD  
DULUTH, GA 30099

## New Mailing Address:

FEI Number: 88-0269888      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, GLENN J  
Address: 3100 BRECKINRIDGE BLVD.  
City-St-Zip: DULUTH, GA 30099

Title: V ( ) Delete  
Name: CASTELLAW, PATTI B  
Address: 3100 BRECKINRIDGE BLVD.  
City-St-Zip: DULUTH, GA 30099

Title: S ( ) Delete  
Name: SHAPIRO, STANTON J  
Address: 3100 BRECKINRIDGE BLVD.  
City-St-Zip: DULUTH, GA 30099

Title: T ( ) Delete  
Name: ROSE, GENTRY  
Address: 3100 BRECKINRIDGE BLVD.  
City-St-Zip: DULUTH, GA 30099

Title: EXVD ( ) Delete  
Name: MATHIS, RICK L  
Address: 3100 BRECKINRIDGE BLVD.  
City-St-Zip: DULUTH, GA 30099

Title: AS ( ) Delete  
Name: TROLLINGER, JUDY R  
Address: 3100 BRECKINRIDGE BLVD.  
City-St-Zip: DULUTH, GA 30099

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY TROLLINGER

AS

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date