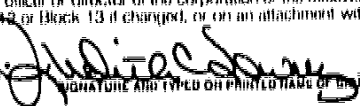


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P14283 (6) 1995 MAY - 3 28		200001490562 -05/17/95 -01041 -025 ***\$225.00 ***\$225.00 DO NOT WRITE IN THIS SPACE.	
1. Corporation Name PROTECTIVE SERVICE LIFE INSURANCE COMPANY, INC.		3. Date Incorporated or Qualified 05/01/1987	
Principal Place of Business 129 NORTH STATE ST JACKSON MS 39201		3a. Date of Last Report 02/03/1994	
Mailing Address 129 NORTH STATE ST JACKSON MS 39201		4. FEI Number 64-0391720	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 377 RIVERSIDE DRIVE Suite, Apt. #, etc. 27 SUITE 400 City & State 28 FRANKLIN, TENNESSEE Zip Country 29 37064 30 USA	
9. Name and Address of Current Registered Agent FLORIDA 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 _____ DATE _____ Signature, typed or printed name of registered agent and how it appears. (NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
PC ROBINSON, JAMES F. 129 NORTH STATE ST JACKSON MS		D ROBINSON, JAMES F. 129 NORTH STATE ST. JACKSON, MS 39201	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
ST LAURO, MARGARET R. 234 NORTHBAY DR. MADISON MS		P/C/D HACKNEY, JOHN A. 377 RIVERSIDE DR., SUITE 400 FRANKLIN, TN 37064	
TITLE NAME STREET ADDRESS CITY ST ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
		S/D MOORE, TAYLOR B. 377 RIVERSIDE DR., SUITE 400 FRANKLIN, TN 37064	
TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
		T/D LOWREY, JUDITH C. 377 RIVERSIDE DR., SUITE 400 FRANKLIN, TN 37064	
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
		D WILLIS, WADE A. 377 RIVERSIDE DR., SUITE 400 FRANKLIN, TN 37064	
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
		JEAS 5-1-95	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.			
SIGNATURE 		JUDITH C. LOWREY 5-9-95 615-790-0464 (Type Name)	