

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P14283** (6)

1. Corporation Name

**PROTECTIVE SERVICE LIFE INSURANCE COMPANY, INC.**



Principal Place of Business

129 NORTH STATE ST  
JACKSON MS 39201

Mailing Address

377 RIVERSIDE DR.  
SUITE 400  
FRANKLIN TN 37064  
US

2. Principal Place of Business

21 State, Apt., #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt., #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified  
**05/01/1987**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**64-0391720**

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 has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No

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 607.02(2) and 607.04(1)(b), 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 hereby waiving and accepting the obligations of Sections 607.02(2) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	D ROBINSON, JAMES F.	<input type="checkbox"/> DELETED
STREET ADDRESS	129 NORTH STATE ST	
CITY, STATE, ZIP	JACKSON MS 39201	
NAME	PCD HACKNEY, JOHN A	<input type="checkbox"/> DELETED
STREET ADDRESS	377 RIVERSIDE DR. STE. #400	
CITY, STATE, ZIP	FRANKLIN TN 37064	
NAME	SD MOORE, TAYLOR B	<input checked="" type="checkbox"/> OFFICER
STREET ADDRESS	377 RIVERSIDE DR. STE. #400	
CITY, STATE, ZIP	FRANKLIN TN 37064	
NAME	TD LOWREY, JUDITH	<input type="checkbox"/> DELETED
STREET ADDRESS	377 RIVERSIDE DR. STE. #400	
CITY, STATE, ZIP	FRANKLIN TN 37064	
NAME	D WILLIS, WADE A	<input type="checkbox"/> DELETED
STREET ADDRESS	377 RIVERSIDE DR. STE. #400	
CITY, STATE, ZIP	FRANKLIN TN 37064	
NAME		<input type="checkbox"/> DELETED
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	ASSISTANT SECRETARY OSBORNE, RICHARD A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 NAME		
3 STREET ADDRESS	377 RIVERSIDE DR. SUITE 400	
4 CITY, STATE, ZIP	FRANKLIN, TN 37064	
5 NAME	ASSISTANT SECRETARY PRESTON, KIMBERLYN D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6 NAME		
7 STREET ADDRESS	129 NORTH STATE ST.	
8 CITY, STATE, ZIP	JACKSON, MS 39201	
9 NAME	DIRECTOR POINDEXTER, JERRY D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10 NAME		
11 STREET ADDRESS	377 RIVERSIDE DR. SUITE 400	
12 CITY, STATE, ZIP	FRANKLIN, TN 37064	
13 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME		
15 STREET ADDRESS		
16 CITY, STATE, ZIP		
17 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME		
19 STREET ADDRESS		
20 CITY, STATE, ZIP		

14. I hereby certify that the information supplied is true and correct, and does not qualify for the exemption state in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or other informational 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 trustee or partner empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am not a registered agent with an address.

SIGNATURE: *Richard A. Osborne* ASSISTANT SECRETARY 1-17-96 615-790-0464

CR2E034 (12/95)