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FILED

Jan 15 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P14283 (6)  
1. Corporation Name  
FRANKLIN PROTECTIVE LIFE INSURANCE COMPANY



Principal Place of Business: 129 NORTH STATE ST JACKSON MS 39201  
Mailing Address: 377 RIVERSIDE DR. SUITE 400 FRANKLIN TN 37064-5393 US

3. Date Incorporated or Qualified: 05/01/1987  
3a. Date of Last Report: 01/23/1996  
4. FEI Number: 64-0391720  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 2001 Airport Road, Suite, Apt #, etc.: 22 Suite 202, City & State: 23 Jackson, Mississippi, Zip: 24 39208, Country: 25 US  
2a. Mailing Address: 26 Suite, Apt #, etc.: 27, City & State: 28, Zip: 29, Country: 30

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, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, JAMES F.	
STREET ADDRESS	129 NORTH STATE ST	
CITY - ST - ZIP	JACKSON MS 39201	
TITLE	PCO	<input type="checkbox"/> DELETE
NAME	HACKNEY, JOHN A	
STREET ADDRESS	377 RIVERSIDE DR. STE. #400	
CITY - ST - ZIP	FRANKLIN TN 37064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POINDEXTER, JERRY D.	
STREET ADDRESS	377 RIVERSIDE DR., SUITE 400	
CITY - ST - ZIP	FRANKLIN TN 37064	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOWREY, JUDITH	
STREET ADDRESS	377 RIVERSIDE DR. STE. #400	
CITY - ST - ZIP	FRANKLIN TN 37064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIS, WADE A	
STREET ADDRESS	377 RIVERSIDE DR. STE. #400	
CITY - ST - ZIP	FRANKLIN TN 37064	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	OSBORNE, RICHARD A	
STREET ADDRESS	377 RIVERSIDE DR. SUITE 400	
CITY - ST - ZIP	FRANKLIN TN 37064	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Vice-Pres./Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: Wade Willis Secretary 1-7-97 615-790-0464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)