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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

2. Principal Place of Business

2a. Mailing Address

21 2001 Airport Road

26 Suite, Apt. #, etc.

22 Suite 202

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Jackson, Mississippi

28 City & State

24 Zip Country

29 Zip Country

24 39208

25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 signatory (if not applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME ROBINSON, JAMES F.

STREET ADDRESS 129 NORTH STATE ST

CITY-ST-ZIP JACKSON MS 39201

TITLE PCO ☐ DELETE

NAME HACKNEY, JOHN A

STREET ADDRESS 377 RIVERSIDE DR. STE. #400

CITY-ST-ZIP FRANKLIN TN 37064

TITLE D ☐ DELETE

NAME POINDEXTER, JERRY D.

STREET ADDRESS 377 RIVERSIDE DR., SUITE 400

CITY-ST-ZIP FRANKLIN TN 37064

TITLE TD ☐ DELETE

NAME LOWREY, JUDITH

STREET ADDRESS 377 RIVERSIDE DR. STE. #400

CITY-ST-ZIP FRANKLIN TN 37064

TITLE D ☐ DELETE

NAME WILLIS, WADE A

STREET ADDRESS 377 RIVERSIDE DR. STE. #400

CITY-ST-ZIP FRANKLIN TN 37064

TITLE AS ☐ DELETE

NAME OSBORNE, RICHARD A

STREET ADDRESS 377 RIVERSIDE DR. SUITE 400

CITY-ST-ZIP FRANKLIN TN 37064

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Vice-Pres./Director

Secretary/Director

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

Date

615-790-0464

Daytime Phone #

0477455

CR2E034 (9/96)