

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2001 AIRPORT ROAD Suite, Apt. #, etc.	26 377 RIVERSIDE DR. SUITE 400 Suite, Apt. #, etc.
22 SUITE 202 City & State	27 FRANKLIN TN 37064 City & State
23 JACKSON, MISSISSIPPI Zip Country	28 FRANKLIN TN 37064 Zip Country
24 39208 25 US	29 37064 30 US

3. Date Incorporated or Qualified 05/01/1987	
4. FEI Number 64-0391720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JAMES F.	1.2 NAME	
STREET ADDRESS	129 NORTH STATE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201	1.4 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKNEY, JOHN A	2.2 NAME	
STREET ADDRESS	377 RIVERSIDE DR. STE. #400	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN 37064	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POINDEXTER, JERRY D.	3.2 NAME	
STREET ADDRESS	377 RIVERSIDE DR., SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWREY, JUDITH	4.2 NAME	
STREET ADDRESS	377 RIVERSIDE DR. STE. #400	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN 37064	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, WADE A	5.2 NAME	
STREET ADDRESS	377 RIVERSIDE DR. STE. #400	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, RICHARD A	6.2 NAME	
STREET ADDRESS	377 RIVERSIDE DR. SUITE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN 37064	6.4 CITY-ST-ZIP	

14. I 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 _____ DATE _____

CR2E034 (10/97)