FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:40

DOCUMENT # **P16215** **(6)**

1. Corporation Name
PRIMERICA FINANCIAL SERVICES HOME MORTGAGES, INC

Principal Place of Business	Mailing Address
% GREG KLUMP 3120 BRECKINRIDGE BLVD DULUTH GA 30199-7001	% GREG KLUMP 3120 BRECKINRIDGE BLVD DULUTH GA 30199-7001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/01/1987**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **58-1742510** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, D. RICHARD	12 NAME		
STREET ADDRESS	3120 BRECKENRIDGE BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA	14 CITY ST ZIP		
TITLE	CFO	21 TITLE		☐ Change ☐ Addition
NAME	VANDERZANDEN, JOSIE	22 NAME		
STREET ADDRESS	3129 BRECKENRIDGE BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	BARBER, GORDON	32 NAME		
STREET ADDRESS	3120 BRECKINRIDGE BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA	34 CITY ST-ZIP		
TITLE	V	41 TITLE	Vice President	☒ Change ☐ Addition
NAME	GREY, STEPHEN B JR	42 NAME	Deborah L. Rosen	
STREET ADDRESS	3120 BRECKENRIDGE BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA	44 CITY ST ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	ROBBINS, CATHERINE C	52 NAME		
STREET ADDRESS	3120 BRECKENRIDGE BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA	54 CITY ST ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	ATCHESON, RICHARD	62 NAME		
STREET ADDRESS	3120 BRECKINRIDGE BLVD	63 STREET ADDRESS		
CITY ST ZIP	DULUTH GA	64 CITY ST ZIP		

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 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: Richard Atcheson/Asst. Secretary 4/4/95 404-564-6162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0390040 FP