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 -4 AM 11:06

DOCUMENT # **P35591** **(7)**

1. Corporation Name
SAVERS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
6064 NORTH POINT BLVD WINSTON-SALEM NC 27106 US	PO BOX 11967 WINSTON-SALEM NC 27116 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/13/1991**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **56-1275060** ☐ 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

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 607.0502 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	S	11 TITLE	☒ Change ☐ Addition
NAME	LANDY, PAT	12 NAME	
STREET ADDRESS	3756 CROSLAND	13 STREET ADDRESS	3625 Dunhurst Dr.
CITY-ST-ZIP	WINSTON-SALEM NC	14 CITY-ST-ZIP	Pfafftown, NC 27040
TITLE	PTD	21 TITLE	☐ Change ☐ Addition
NAME	STOLTZ, JERRY D.	22 NAME	
STREET ADDRESS	P.O. BOX 5377 NA	23 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, JERRY	32 NAME	
STREET ADDRESS	P.O. BOX 5377 NA	33 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BROADWELL, F. EDWARD, JR	42 NAME	
STREET ADDRESS	P.O. BOX 68 NA	43 STREET ADDRESS	
CITY-ST-ZIP	CLYDE NC	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KING, H. JOE, JR.	52 NAME	
STREET ADDRESS	139 SOUTH TRYON ST.	53 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MARSH, JAMES P.	62 NAME	
STREET ADDRESS	303 HARDIN ST.	63 STREET ADDRESS	
CITY-ST-ZIP	BOONE NC	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: Jerry Landy 3-28-95 910-759-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408278 FTN