

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35591 (7)
1. Corporation Name
SAVERS LIFE INSURANCE COMPANY



Principal Place of Business

8064 NORTH POINT BLVD
WINSTON-SALEM NC 27106
US

Mailing Address

PO BOX 11967
WINSTON-SALEM NC 27116
US

3. Date Incorporated or Qualified
09/13/1991

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

56-1275060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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 by officer or director of corporation and then apply for

NOTE: Registered Agent signature required after reporting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LANDY, PAT
3625 DUNHURST DR.
PFAFFTOWN NC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
STOLTZ, JERRY D.
P.O. BOX 5377 NA
WINSTON-SALEM NC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FRANCIS, JERRY
P.O. BOX 5377 NA
WINSTON-SALEM NC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROADWELL, F. EDWARD, JR
P.O. BOX 68 NA
CLYDE NC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KING, H. JOE, JR.
139 SOUTH TRYON ST.
CHARLOTTE NC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARSH, JAMES P.
303 HARDIN ST.
BOONE NC

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P.O. Box 11967

P.O. Box 11967

000001797580

-04/29/96--01023--007

***200.00

SIGNATURE:

Jerry Francis Jerry Francis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 910-759-3888

CR2E034 (12/95)