FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 25 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 # **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 27116-1967
US

3. Date Incorporated or Qualified: **09/13/1991**
3a. Date of Last Report: **04/26/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 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 (Signature of new registered agent and FEI # if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LANDY, PAT		1.2 NAME		
STREET ADDRESS	3625 DUNHURST DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PFAFFTOWN NC		1.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STOLTZ, JERRY D.		2.2 NAME		
STREET ADDRESS	P.O. BOX 11967 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINSTON-SALEM NC		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRANCIS, JERRY		3.2 NAME		
STREET ADDRESS	P.O. BOX 11967 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINSTON-SALEM NC		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROADWELL, F. EDWARD, JR		4.2 NAME		
STREET ADDRESS	P.O. BOX 68 NA		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLYDE NC		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KING, H. JOE, JR.		5.2 NAME		
STREET ADDRESS	139 SOUTH TRYON ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARSH, JAMES P.		6.2 NAME		
STREET ADDRESS	303 HARDIN ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOONE NC		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

E.113

SIGNATURE: Jerry Francis Jerry Francis Sr.V.P. 3-20-97 910-759-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010045