

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

FILED

Apr 29 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/13/1991 4. FEI Number 56-1275060 Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 85 Zip Code FL
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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	S LANDY, PAT 3825 DUNHURST DR. PFAFFTOWN NC	1.1 TITLE	President Raymond J. Ohlson
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	13728 Snokey Ridge Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	PTD STOLTZ, JERRY D. P.O. BOX 11967 N/A WINSTON-SALEM NC	2.1 TITLE	Chief Executive Officer Ronald D Hunter
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	3570 Sedgemore Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	VD FRANCIS, JERRY P.O. BOX 11967 N/A WINSTON-SALEM NC	3.1 TITLE	Secretary Edward T. Stahl
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	7328 N. Sylvan Ridge Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	D BROADWELL, F. EDWARD, JR P.O. BOX 68 NA CLYDE NC	4.1 TITLE	Treasurer Paul B Pfeffer
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	9100 Keystone Crossing
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	D KING, H. JOE, JR. 139 SOUTH TRYON ST. CHARLOTTE NC	5.1 TITLE	Controller Debra P. Berg
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	5144 Cobblestone Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Winston-Salem, NC 27106
TITLE	D MARSH, JAMES P. 303 HARDIN ST. BOONE NC	6.1 TITLE	Vice President Janet Taylor
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	9960 E. 96th St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fishers, IN 46038

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: Debra P. Berg Debra P. Berg 4-21-98 759-3888

CR2E034 (10/97)