

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 801487

**Entity Name:** PROTECTIVE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2801 HWY 280 SOUTH (35223)  
BIRMINGHAM, AL 35202-9606

**Current Mailing Address:**

2801 HWY 280 SOUTH (35223)  
BIRMINGHAM, AL 35202-9606

**FEI Number:** 63-0169720

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399-0000 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY, VP, SENIOR COUNSEL  
Name LEE, FELICIA M.  
Address 2801 HWY 280 SOUTH  
City-State-Zip: BIRMINGHAM AL 35223

Title DIRECTOR, PRESIDENT  
Name BIELEN, RICHARD J  
Address 2801 HWY 280 SOUTH  
City-State-Zip: BIRMINGHAM AL 35223

Title CFO, EVP, DIRECTOR  
Name WALKER, STEVEN G  
Address 2801 HIGHWAY 280 SOUTH  
City-State-Zip: BIRMINGHAM AL 35223

Title TREASURER, SENIOR VP  
Name BANERJEE CHOUDHURY,  
SHILADITYA  
Address 2801 HIGHWAY 280 SOUTH  
City-State-Zip: BIRMINGHAM AL 35223

Title DIRECTOR, COO  
Name TEMPLE , MICHAEL G.  
Address 2801 HIGHWAY 280 SOUTH  
City-State-Zip: BIRMINGHAM AL 35223

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FELICIA M. LEE

**SECRETARY**

**04/01/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date