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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P05576** **(4)**

1. Corporation Name
AFBA LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
5601 BRIDGE STREET FT.WORTH TX 76112 US	5601 BRIDGE STREET FT.WORTH TX 76112-2306 US

3. Date Incorporated or Qualified: 04/04/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 909 North Washington St.
Suite, Apt. #, etc.
22 Suite 700
City & State
23 Alexandria, Virginia
Zip 24 22314 Country 25 U.S.A.

2a. Mailing Address
26 909 North Washington St.
Suite, Apt. #, etc.
27 Suite 700
City & State
28 Alexandria, Virginia
Zip 29 22314 Country 30 U.S.A.

4. FEI Number: ~~72-0469910~~ 54-1829709 ☐ 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

THE FLORIDA 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	PD	☒ DELETE	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	BERG, ERICSON		1.2 NAME	Charles C. Blanton	
STREET ADDRESS	5601 BRIDGE STREET		1.3 STREET ADDRESS	909 North Washington Street	
CITY-ST-ZIP	FT. WORTH TX		1.4 CITY-ST-ZIP	Alexandria, Virginia 22314	
TITLE	VPT	☒ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SPARK, WAYNE		2.2 NAME	John A. Johnson	
STREET ADDRESS	1707 CARLTON DRIVE		2.3 STREET ADDRESS	909 North Washington Street	
CITY-ST-ZIP	ARLINGTON TX		2.4 CITY-ST-ZIP	Alexandria, Virginia 22314	
TITLE	D	☒ DELETE	3.1 TITLE	S/O	☒ Change ☐ Addition
NAME	POOL, JOY		3.2 NAME	Jeffrey C. Sandefur	
STREET ADDRESS	2332 WEYBORN		3.3 STREET ADDRESS	909 North Washington Street	
CITY-ST-ZIP	ARLINGTON TX		3.4 CITY-ST-ZIP	Alexandria, Virginia 22314	
TITLE	SD	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	DIXON, ELIZABETH		4.2 NAME	Dionne D. McNamee	
STREET ADDRESS	4304 WOODMEADOW CT.		4.3 STREET ADDRESS	909 North Washington Street	
CITY-ST-ZIP	ARLINGTON TX		4.4 CITY-ST-ZIP	Alexandria, Virginia 22314	
TITLE	VD	☒ DELETE	5.1 TITLE	O	☒ Change ☐ Addition
NAME	MEDFORD, JACK		5.2 NAME	A. Scott Dittemore	
STREET ADDRESS	2145 LAKE CREST		5.3 STREET ADDRESS	909 North Washington Street	
CITY-ST-ZIP	GRAPEVINE TX		5.4 CITY-ST-ZIP	Alexandria, Virginia 22314	
TITLE		☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME			6.2 NAME	James W. Moriarty	*see attached
STREET ADDRESS			6.3 STREET ADDRESS	1 Old Farm Road	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Wellesley Hills, MA 02181	

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.

SIGNATURE: SIGNATURE REQUIRED John A Johnson 2/12/97 (703) 706-5975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #