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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Feb 05 1998 8:00am
Secretary of State

DOCUMENT # P05576 (4)

1. Corporation Name
AFBA LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
909 N. WASHINGTON ST. STE 700 ALEXANDRIA VA 22231 US	909 N. WASHINGTON ST. STE 700 ALEXANDRIA VA 22314 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1985

2. Principal Place of Business	2a. Mailing Address
21 909 N. Washington Street	26 909 N. Washington Street
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27 Suite 500
City & State 23 Alexandria, VA	City & State 28 Alexandria, VA
Zip / Country 24 22314 / 25 USA	Zip / Country 29 22314 / 30 USA

4. FEI Number: 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLANTON, CHARLES C		1.2 NAME		
STREET ADDRESS	909 N. WASHINGTON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JOHN A.		2.2 NAME		
STREET ADDRESS	909 N. WASHINGTON ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		2.4 CITY-ST-ZIP		
TITLE	SO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANDEFUR, JEFFREY CC.		3.2 NAME		
STREET ADDRESS	909 N. WASHINGTON ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCNAMEE, DIONNE D.		4.2 NAME		
STREET ADDRESS	909 N. WASHINGTON ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		4.4 CITY-ST-ZIP		
TITLE	O	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DITTEMORE, A. SCOTT		5.2 NAME		
STREET ADDRESS	909 N. WASHINGTON ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MIRIARTY, JAMES W.		6.2 NAME	MORIARTY, JAMES W.	
STREET ADDRESS	1 OLD FARM RD		6.3 STREET ADDRESS	1 OLD FARM RD	
CITY-ST-ZIP	WELLESLY HILLS MA		6.4 CITY-ST-ZIP	WELLESLY HILLS, MA	

CR2E034 (10/97)

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: Dionne D. McNamee, Treasurer & CFO 1/21/98 703 299-5783

FEE REQUIRED