

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 13 AM 8:13

**DOCUMENT # P16516 (7)**  
1. Corporation Name  
**COMMONWEALTH NATIONAL LIFE INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**113 SOUTH DAVIS AVENUE P.O. BOX 1560 CLEVELAND MS 38732-1560**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/23/1987** 3a. Date of Last Report **06/14/1994**  
4. FEI Number **64-0437635** 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

2. Principal Place of Business 2a. Mailing Address  
21 Sulte, Apt. #, etc 26 Sulte, Apt. #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**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

TITLE	<b>VS</b>
NAME	<b>GLADDEN, PAUL D.</b>
STREET ADDRESS	<b>1334 MEMORIAL DR.</b>
CITY - ST - ZIP	<b>CLEVELAND MS</b>
TITLE	<b>PTD</b>
NAME	<b>TIMS, ROBERT L.</b>
STREET ADDRESS	<b>401 S. 1ST STREET</b>
CITY - ST - ZIP	<b>CLEVELAND MS</b>
TITLE	<b>D</b>
NAME	<b>GEORGE, ERNEST T. JR.</b>
STREET ADDRESS	<b>WASHINGTON ST.</b>
CITY - ST - ZIP	<b>MACON MS</b>
TITLE	<b>D</b>
NAME	<b>TISER, JOE F.</b>
STREET ADDRESS	<b>1405 CHURCH STREET</b>
CITY - ST - ZIP	<b>COLUMBIA MS</b>
TITLE	<b>C</b>
NAME	<b>TIMS, JAMES I</b>
STREET ADDRESS	<b>525 HILLCREST</b>
CITY - ST - ZIP	<b>CLEVELAND MS</b>
TITLE	<b>VD</b>
NAME	<b>WINN, EUSTACE H. J</b>
STREET ADDRESS	<b>111 GAMWYN DR.</b>
CITY - ST - ZIP	<b>GREENVILLE MS</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<b>P / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>1518 College</b>
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>D Mitchell, Ned A.</b>
43 STREET ADDRESS	<b>200 N. Leflore</b>
44 CITY - ST - ZIP	<b>Cleveland, MS 38732</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Ronald A. Burchfield* **Ronald A. Burchfield** June 6, 1995 (601) 843-9091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CRPE034 (3/95)

P16516

**Commonwealth National Life Insurance Company**  
**FEI : 64-0437635**  
**Schedule of Additional Officers and Directors – Block 12 & Block 13**  
**Corporation Annual Report 1995 (Document # P16516)**

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS	
7.1 Title 7.2 Name 7.3 Street Address 7.4 City - St - Zip	D Springer, Vernon D. 107 South Bolivar Cleveland, MS 38732	7.1 Title 7.2 Name 7.3 Street Address 7.4 City - St - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8.1 Title 8.2 Name 8.3 Street Address 8.4 City - St - Zip	V Smith, Larry C. 1476 Memorial Drive Boyle, MS 38730	8.1 Title 8.2 Name 8.3 Street Address 8.4 City - St - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9.1 Title 9.2 Name 9.3 Street Address 9.4 City - St - Zip	V Hays, James D. 2 Lee Road Boyle, MS 38730	9.1 Title 9.2 Name 9.3 Street Address 9.4 City - St - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10.1 Title 10.2 Name 10.3 Street Address 10.4 City - St - Zip	V Burney, Peggy W. Route 1, Box 288A Merigold, MS 38759	10.1 Title 10.2 Name 10.3 Street Address 10.4 City - St - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.1 Title 11.2 Name 11.3 Street Address 11.4 City - St - Zip		11.1 Title 11.2 Name 11.3 Street Address 11.4 City - St - Zip	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Burchfield, Ronald A. 309 McClain Avenue Cleveland, MS 38732
12.1 Title 12.2 Name 12.3 Street Address 12.4 City - St - Zip		12.1 Title 12.2 Name 12.3 Street Address 12.4 City - St - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition