

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

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16516 (7)
 1. Corporation Name
COMMONWEALTH NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business 113 SOUTH DAVIS AVENUE P.O. BOX 1560 CLEVELAND MS 38732-1560	Mailing Address 113 SOUTH DAVIS AVENUE P.O. BOX 1560 CLEVELAND MS 38732-1560
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 10/23/1987	3a. Date of Last Report 06/17/1996
4. FEI Number 64-0437635	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADDEN, PAUL D.	1.2 NAME	
STREET ADDRESS	1334 MEMORIAL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND MS	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMS, ROBERT L.	2.2 NAME	
STREET ADDRESS	437 MCKNIGHT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND MS	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, ERNEST T. JR.	3.2 NAME	
STREET ADDRESS	WASHINGTON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACON MS	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, NED A	4.2 NAME	
STREET ADDRESS	200 N LEFLORE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND MS	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMS, JAMES I	5.2 NAME	
STREET ADDRESS	525 HILLCREST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND MS	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINN, EUSTACE H. J	6.2 NAME	
STREET ADDRESS	111 GAMWYN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE MS	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *R. Allen Burdick* **REQUIRED** **2/17/97** **(601) 843-9091**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)