

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1987	
21 Suite, Apt #, etc	22 City & State	23 Zip	24 Country	25	26
27		28		29	
21		26		30	
22		27		31	
23		28		32	
24		29		33	
25		30		34	

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 owes or has paid the current year intangible Personal Property Tax due June 30. <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
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	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	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	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	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	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	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 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 added as an attachment with an address.

SIGNATURE: *R. Allen Burchfield* **R. Allen Burchfield, Treasurer/Controller**
 212088 (10x) 843-9091

CR2E034 (10/97)