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Mar 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16516
 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 21 107 South Davis, B-5 Suite, Apt. #, etc. City & State 23 Cleveland, MS Zip 24 38732	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 28 Country 29 Bolivar
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3. Date Incorporated or Qualified 10/23/1987	4. FEI Number 64-0437635	Applied For 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 the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		DELETED
TITLE	VS	<input checked="" type="checkbox"/>
NAME	GLADDEN, PAUL D.	
STREET ADDRESS	1334 MEMORIAL DR.	
CITY-ST-ZIP	CLEVELAND MS	
TITLE	PD	<input type="checkbox"/>
NAME	TIMS, ROBERT L.	
STREET ADDRESS	437 MCKNIGHT RD	
CITY-ST-ZIP	CLEVELAND MS	
TITLE	D	<input type="checkbox"/>
NAME	GEORGE, ERNEST T. JR.	
STREET ADDRESS	WASHINGTON ST.	
CITY-ST-ZIP	MACON MS	
TITLE	D	<input type="checkbox"/>
NAME	MITCHELL, NED A	
STREET ADDRESS	200 N LEFLORE	
CITY-ST-ZIP	CLEVELAND MS	
TITLE	C	<input type="checkbox"/>
NAME	TIMS, JAMES I	
STREET ADDRESS	525 HILLCREST	
CITY-ST-ZIP	CLEVELAND MS	
TITLE	VD	<input type="checkbox"/>
NAME	WINN, EUSTACE H. J	
STREET ADDRESS	111 GAMWYN DR.	
CITY-ST-ZIP	GREENVILLE MS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Vice President/Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Davis, Peggy W.		
1.3 STREET ADDRESS	224 Dillion Rd.		
1.4 CITY-ST-ZIP	Merigold, MS		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy W. Davis **RED** Date: 2/26/99 Daytime Phone #: 601/843-9091

CR2E034 (1/98)