

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 195805

**Entity Name:** AMERICAN FIDELITY LIFE INSURANCE COMPANY**Current Principal Place of Business:**500 SO PALAFOX ST  
STE 200  
PENSACOLA, FL 32502**Current Mailing Address:**P. O. BOX 4847, WARRINGTON BRANCH  
PENSACOLA, FL 32507 US**FEI Number:** 59-0787372**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title SECRETARY, TREASURER, VP,  
DIRECTOR  
Name HARRISON, CAROL B  
Address 500 SO PALAFOX ST  
STE 200  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name HESS, MARILYN W.  
Address 500 SO PALAFOX ST  
STE 200  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name MITCHELL, THOMAS E  
Address PO BOX 579  
City-State-Zip: BAY MINETTE AL 36507

Title PRESIDENT, DIRECTOR  
Name YANCEY, JACK B  
Address 500 SO PALAFOX ST  
STE 200  
City-State-Zip: PENSACOLA FL 32502  
  
Title DIRECTOR, VP  
Name ENDERSON, RITA E  
Address 500 SO PALAFOX ST  
STE 200  
City-State-Zip: PENSACOLA FL 32502

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROL B HARRISON

SR VP/TREASURER

02/11/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date