

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90008 004 ***150.00

DOCUMENT # 195805

1. Corporation Name

AMERICAN FIDELITY LIFE INSURANCE COMPANY

Principal Place of Business

**4060 BARRANCAS AVENUE
P. O. BOX 4847, WARRINGTON BRANCH
PENSACOLA FL 32507**

Mailing Address

**4060 BARRANCAS AVENUE
P. O. BOX 4847, WARRINGTON BRANCH
PENSACOLA FL 32507**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1956

4. FEI Number

59-0787372

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MAUCH, R E	
STREET ADDRESS	15 STAR LAKE DR	
CITY-ST-ZIP	PENSACOLA, FL 0	
TITLE	D	☐ DELETE
NAME	RIERA, R EMMETT	
STREET ADDRESS	5284 PALE MOON DR	
CITY-ST-ZIP	PENSACOLA, FL 0	
TITLE	VD	☐ DELETE
NAME	SOUTHERLAND, LEONARD B.	
STREET ADDRESS	3815 LYNN ORA DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	☐ DELETE
NAME	HARRISON, CAROL B	
STREET ADDRESS	200 W. ROBERTS RD.	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	SVD	☐ DELETE
NAME	YANCEY, JACK B	
STREET ADDRESS	2710 BANQUO'S TRAIL	
CITY-ST-ZIP	PENSACOLA, FL 0	
TITLE	D	☐ DELETE
NAME	HESS, MARILYN W.	
STREET ADDRESS	4060 BARRANCAS AVENUE	
CITY-ST-ZIP	PENSACOLA FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/99

Date

(850) 456-7401

Daytime Phone #

CR2E034 (11/98)