2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 195805

1. Entity 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

01302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0787372 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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02/24/05-80088-024 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/30/05 (850) 456-7401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carol B. Harrison, Treasurer