

**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	
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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
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DO NOT WRITE IN THIS SPACE



01302005 No Chg-P CR2E034 (10/03)

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**

**DO NOT WRITE
IN THIS SPACE**

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

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
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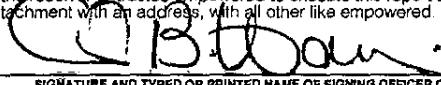
10. OFFICERS AND DIRECTORS

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

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02/24/05-80088-024 150.00

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