

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 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**



01292006 No Chg-P CR2E034 (11/05)

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**

**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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000444229
03/06/06-80044-003 150.00**

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/06

Date

850-456-7401

Daytime Phone #

Carol B. Harrison, Treasurer