

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 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



01232007 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

U00000645597
03/05/07-80013-015 150.00

**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:

Carol B. Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07

(850) 456-7401

Date

Daytime Phone #

Carol B. Harrison, Treasurer