2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# 195805

Entity Name: AMERICAN FIDELITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0787372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAUCH, R E,
Address: 15 STAR LAKE DR
City-St-Zip: PENSACOLA, FL 0,

Title: VD ( ) Delete
Name: SOUTHERLAND, LEONARD B.
Address: 3815 LYNN ORA DR.
City-St-Zip: PENSACOLA, FL

Title: TD ( ) Delete
Name: HARRISON, CAROL B,
Address: 200 W. ROBERTS RD.
City-St-Zip: CANTONMENT, FL

Title: SVD ( ) Delete
Name: YANCEY, JACK B,
Address: 2710 BANQUO'S TRAIL
City-St-Zip: PENSACOLA, FL 0,

Title: D ( ) Delete
Name: HESS, MARILYN W.
Address: 4060 BARRANCAS AVENUE
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: HARRISON, CAROL B
Address: 200 W. ROBERTS RD.
City-St-Zip: CANTONMENT, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL B HARRISON TD 02/07/2009

Electronic Signature of Signing Officer or Director — Date