

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 195805

FILED
Jan 30, 2012
Secretary of State

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:

4060 BARRANCAS AVENUE
PENSACOLA, FL 32507

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

OFFICERS AND DIRECTORS:

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

Title: TVD
Name: HARRISON, CAROL B
Address: 200 W. ROBERTS RD.
City-St-Zip: CANTONMENT, FL

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

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

I hereby 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 all other like empowered.

SIGNATURE: CAROL B. HARRISON

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01/30/2012

Electronic Signature of Signing Officer or Director

Date