

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90110 036 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER

CAPITOL BUILDING

TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE
CAROL B. HARRISON, Treasurer

1/31/03 (850) 456-7401

Date

Daytime Phone #

CR2E034 (10/02)