

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 804010

FILED
Oct 11, 2007
Secretary of State

Entity Name: LIBERTY NATIONAL LIFE INSURANCE CO.

Current Principal Place of Business:

2001 THIRD AVENUE SOUTH
P.O. BOX 2612
BIRMINGHAM, AL 35233

New Principal Place of Business:

2001 THIRD AVENUE SOUTH
BIRMINGHAM, AL 35233

Current Mailing Address:

2001 THIRD AVENUE SOUTH
P.O. BOX 2612
BIRMINGHAM, AL 35233

New Mailing Address:

FEI Number: 63-0124600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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: ERIIS WILSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCWHORTER, ANTHONY L.
Address: 2001 THIRD AVE. SOUTH
City-St-Zip: BIRMINGHAM, AL 35233

Title: GCS () Delete
Name: HUTCHISON, LARRY MAC
Address: 2001 THIRD AVE SOUTH
City-St-Zip: BIRMINGHAM, AL 35233

Title: V () Delete
Name: MAYTON, JAMES L. JR.,
Address: 2001 THIRD AVE SOUTH
City-St-Zip: BIRMINGHAM, AL 35233

Title: VT () Delete
Name: KLYCE, MICHAEL J
Address: 2001 THIRD AVE SOUTH
City-St-Zip: BIRMINGHAM, AL 35233

Title: D () Delete
Name: BRILL, TONY G
Address: 2001 THIRD AVE SO
City-St-Zip: BIRMINGHAM, AL 35233

Title: AS () Delete
Name: LIVINGSTON, JOHN H II
Address: 2001 THIRD AVE SO
City-St-Zip: BIRMINGHAM, AL 35233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
City-St-Zip:

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: JOHN H. LIVINGSTON

AS

10/11/2007

Electronic Signature of Signing Officer or Director

Date