

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804010

FILED
Jan 10, 2012
Secretary of State

Entity Name: LIBERTY NATIONAL LIFE INSURANCE CO.

Current Principal Place of Business:

3700 S. STONEBRIDGE DRIVE
MCKINNEY, TX 75070

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2612
BIRMINGHAM, AL 35202

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SMITH, ROGER C
Address: 3700 S. STONEBRIDGE DRIVE
City-St-Zip: MCKINNEY, TX 75070

Title: GCS
Name: MITCHELL, BRIAN
Address: 3700 S. STONEBRIDGE DRIVE
City-St-Zip: MCKINNEY, TX 75070

Title: V
Name: ADAMS, JON A
Address: 3700 S. STONEBRIDGE DRIVE
City-St-Zip: MCKINNEY, TX 75070

Title: VT
Name: ALMOND, DANNY H
Address: 3700 S. STONEBRIDGE DRIVE
City-St-Zip: MCKINNEY, TX 75070

Title: D
Name: COLEMAN, GARY L
Address: 3700 S. STONEBRIDGE DRIVE
City-St-Zip: MCKINNEY, TX 75070

Title: AS
Name: LIVINGSTON, JOHN H
Address: 100 CONCOURSE PARKWAY, SUITE 350
City-St-Zip: HOOVER, AL 35244

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: KRISTIN M GOIDEL

AS

01/10/2012

Electronic Signature of Signing Officer or Director

Date