

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JAN 26 PM 4: 28

**DOCUMENT # 808900 (5)**

1. Corporation Name  
**FRANKLIN AMERICAN LIFE INSURANCE COMPANY**

Principal Place of Business 377 RIVERSIDE DRIVE STE. 400 FRANKLIN TN 37064 US	Mailing Address P.O. BOX 681389 FRANKLIN TN 37068-1389 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/10/1952	3a. Date of Last Report 05/01/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 54-0461772	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent  INSURANCE COMMISSIONER THE CAPITL BUILDING TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWREY, JUDITH, C	1.2 NAME	
STREET ADDRESS	190 HEALTHSETT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN 37064	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, TAYLOR, B.	2.2 NAME	
STREET ADDRESS	820 HIGHPOINT RIDGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, WADE, A	3.2 NAME	
STREET ADDRESS	1100 BRIANA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN 37064	3.4 CITY-ST-ZIP	
TITLE	PDC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKNEY, JOHN A.	4.2 NAME	
STREET ADDRESS	1505 CABOT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIBLE, JOHN T.	5.2 NAME	
STREET ADDRESS	5161 BRIGHT'S PLACE	5.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	MORRISTOWN TN	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, WILLIAM T.	6.2 NAME	
STREET ADDRESS	133 N. FORREST AVE.	6.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	CAMDEN TN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Judith Lowrey DATE 1-9-95  
Signature and typed or printed name of signing officer or director