

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 808900 (5)

1. Corporation Name
FRANKLIN AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
377 RIVERSIDE DRIVE STE. 400 FRANKLIN TN 37064 US
P.O. BOX 681389 FRANKLIN TN 37068-1399 US

3. Date Incorporated or Qualified **04/10/1952** 3a. Date of Last Report **01/26/1995**
4. FEI Number **54-0461772** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 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 **FL** 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWREY, JUDITH, C	1.2 NAME	OSBORNE, RICHARD A.
STREET ADDRESS	190 HEALTHSETT DRIVE	1.3 STREET ADDRESS	377 RIVERSIDE DR. SUITE 400
CITY-ST-ZIP	FRANKLIN TN 37064	1.4 CITY-ST-ZIP	FRANKLIN, TN 37064
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, TAYLOR, B.	2.2 NAME	POINDEXTER, JERRY D.
STREET ADDRESS	820 HIGHPOINT RIDGE RD	2.3 STREET ADDRESS	377 RIVERSIDE DR., SUITE 400
CITY-ST-ZIP	FRANKLIN TN	2.4 CITY-ST-ZIP	FRANKLIN, TN 37064
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 C. Lowrey* **JUDITH C. LOWREY** 1-16-96 615-790-0464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)