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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

377 RIVERSIDE DRIVE
STE. 400
FRANKLIN TN 37064
US

Mailing Address

P.O. BOX 681389
FRANKLIN TN 37068-1389
US



3. Date Incorporated or Qualified

04/10/1952

3a. Date of Last Report

01/25/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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

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

Signature of person selected as the registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LOWREY, JUDITH, C
STREET ADDRESS 190 HEALTHSETT DRIVE
CITY- ST- ZIP FRANKLIN TN 37064

TITLE VD ☐ DELETE
NAME POINDEXTER, JERRY D
STREET ADDRESS 377 RIVERSIDE DR., SUITE 400
CITY- ST- ZIP FRANKLIN TN

TITLE D ☐ DELETE
NAME WILLIS, WADE, A
STREET ADDRESS 1100 BRIANA DRIVE
CITY- ST- ZIP FRANKLIN TN 37064

TITLE PDC ☐ DELETE
NAME HACKNEY, JOHN A.
STREET ADDRESS 1505 CABOT DRIVE
CITY- ST- ZIP FRANKLIN TN

TITLE AS ☐ DELETE
NAME OSBORNE, RICHARD A
STREET ADDRESS 377 RIVERSIDE DR., SUITE 400
CITY- ST- ZIP FRANKLIN TN

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER/DIRECTOR ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 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:

Wade A Willis

SECRETARY

1-7-97

615-790-0464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)