| | PROFIT RPORATION UAL REPORT 1998 | FEE AFTER I | FLORIDA DEPA Sandra | RTMENT B. Morth ary of Stat | OF STATE am ø | Jan 15 19 Secreta | | |
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| COCUMENT # 808900 (5) FRANKLIN AMERICAN LIFE INSURANCE COMPANY incipal Place of Business Mailing Address PT RIVERSIDE DRIVE | | | | | | | | |
| STE. 400 FRANKLIN TN 37064 JS | | FRANK US | FRANKLIN TN 37068-1389 US | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| Principal | Place of Business | Da Mai | ing Address | | | 04/10/1952 4. FEI Number | | |
| | | 26 | | | | 54-0461772 | | Applied For Not Applicable |
| Suite, Apt | #, etc. | 27 | e, Apt. #, etc. | | | 5. Certificate of Status Desired | | .75 Additional ee Required |
| City & State | | City 28 | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5 | 5.00 May Be dded to Fees |
| Zip | Country 25 | 21p | | Col 30 | ntry | This corporation owes or has pa Personal Property Tax due June | | |
| | 9. Name and Address o SURANCE COMMISSIONE | | Agent | | 81 Name | 10. Name and Address of New Re | gistered Agent | |
| | HE CAPITL BUILDING | .n | | | | Iress (P.O. Box Number is Not Acceptat | | , |
| TA | LLAHASSEE FL 32301 | | | | | | | |
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| | | 002 0100 - 1 002 15 | | | 84 City | | <u> </u> | Zip Code |
| office or i agent. I a | to the provisions of Sections registered agont, or both, in t am familiar with, and accept th | he State of Florida. St | ich change was | authorize | 84 City | poration submits this statement for the p tion's board of directors. I hereby accep | PL | aina its realistered |
| office or i | registered agent, or both, in t am familiar with, and accept th Signature typed or printed name of reg | he State of Florida. Su he obligations of, Sec estered agent and tille II appli | ich change was lion 607,0505, F | authorizei Iorida Stat IF: Registerei | 84 City sove-named cor d by the corpora utes. | tion's board of directors. I hereby accein wed when reinstating) | PL | ging its registered int as registered |
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