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Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90038 022 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 808900

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1952

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
FRANKLIN AMERICAN LIFE INSURANCE COMPANY
THE CAPITOL 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	LOWREY, JUDITH, C	
STREET ADDRESS	190 HEALTHERSETT DRIVE	
CITY-ST-ZIP	FRANKLIN TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POINDEXTER, JERRY D	
STREET ADDRESS	377 RIVERSIDE DR., SUITE 400	
CITY-ST-ZIP	FRANKLIN TN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIS, WADE, A	
STREET ADDRESS	1100 BRIANA DRIVE	
CITY-ST-ZIP	FRANKLIN TN	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	HACKNEY, JOHN A.	
STREET ADDRESS	1505 CABOT DRIVE	
CITY-ST-ZIP	FRANKLIN TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	OSBORNE, RICHARD A	
STREET ADDRESS	377 RIVERSIDE DR., SUITE 400	
CITY-ST-ZIP	FRANKLIN TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	54-0461772	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE *Judith Lowrey* JUDITH LOWREY

1-4-99

Date

615-790-0464

Daytime Phone #

CR2E034 (1/98)