

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **814783** (7)
1. Corporation Name
AMERICAN PUBLIC LIFE INSURANCE COMPANY



Principal Place of Business: 2305 LAKELAND DRIVE, BOX 925, JACKSON MS 39208, US
Mailing Address: 2305 LAKELAND DRIVE, BOX 925, JACKSON MS 39208, US

3. Date Incorporated or Qualified: 10/07/1960
3a. Date of Last Report: 02/27/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	64-0349942	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITAL BUILDING
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, 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	PTD WILLIAMSON, JOHNNY H 104 PINE COURT BRANDON, MISSISSIPPO0000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President Ralph B. Plummer 712 Sherwood Drive Jackson, MS 39216
NAME	V PEARCE, EDWIN R 432 GULDE RD BRANDON MS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Director David A. New Jr. 110 Woodhaven Drive Natchez, MS 39120
STREET ADDRESS	V JAMES, ALISON JR 31 OAK VIEW COVE BRANDON MS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Director Paul H. Watson, Jr. 620 Wildwood Road Greenville, MS 38701
CITY-ST-ZIP	V VAN EGMOND, PAULA N 3419 FOREST HILL RD JACKSON, MISS 00000	<input type="checkbox"/> DELETE	4.1 TITLE Noble, Paula P. O. Box 3694 Jackson, MS 39207-3694
	D NEW, DAVID A SR. ROUTE 2 BOX 74 NATCHEZ MS	<input type="checkbox"/> DELETE	5.1 TITLE 600001742966 -03/14/96--01034--030 ***61.25
	V WEEMS, WILLIAM F 637 CLIFFVIEW DRIVE BRANDON MS	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William F. Weems* WILLIAM F. WEEMS, VP 2/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)