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**FILED**

**Feb 16 1998 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

Mailing Address

2305 LAKELAND DRIVE  
BOX 925  
JACKSON MS 39208  
US

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BOX 925  
JACKSON MS 39208  
US

3. Date Incorporated or Qualified

10/07/1960

4. FEI Number

64-0349942

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME WILLIAMSON, JOHNNY H  
STREET ADDRESS 104 PINE COURT  
CITY-ST-ZIP BRANDON MS

1.1 TITLE Vice President  Change  Addition  
1.2 NAME JUNKIN JR., FRANK K.  
1.3 STREET ADDRESS 907 MORNINGSIDE  
1.4 CITY-ST-ZIP JACKSON, MS 39202

TITLE D  DELETE  
NAME NEW, DAVID A JR  
STREET ADDRESS 110 WOODHAVEN DRIVE  
CITY-ST-ZIP NATCHEZ MS 39120

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

TITLE D  DELETE  
NAME WATSON, PAUL H JR  
STREET ADDRESS 620 WILDWOOD ROAD  
CITY-ST-ZIP GREENVILLE MS 38701

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V  DELETE  
NAME STOVALL, JERRY C  
STREET ADDRESS 115 WINGED FOOT CR  
CITY-ST-ZIP JACKSON, MISS 00000

4.1 TITLE President  Change  Addition  
4.2 NAME Stovall, Jerry C.  
4.3 STREET ADDRESS 420 St. Andrews Drive  
4.4 CITY-ST-ZIP Jackson, MS

TITLE D  DELETE  
NAME NEW, DAVID A SR.  
STREET ADDRESS ROUTE 2 BOX 74  
CITY-ST-ZIP NATCHEZ MS

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

TITLE V  DELETE  
NAME WEEMS, WILLIAM F  
STREET ADDRESS 637 CLIFFVIEW DRIVE  
CITY-ST-ZIP BRANDON MS

6.1 TITLE  Change  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 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

2/9/98

601-936-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 007887A

CR2E037 (10/97)