## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 814783 1. Corporation Name

## AMERICAN PUBLIC LIFE INSURANCE COMPANY

Princi	pat Place of Busines
2305	LAKELAND DRIVE
BOX	925
JACK	SON MS 39208
US	

Mailing Address

2305 LAKELAND DRIVE



02-20-1999 90130 032 \*\*\*\*61.25



JACKSON MS 39208 US		JACKSON MS 39208 US			) NORTHE TOTAL THOSE REPORT HOUSE THE THE ATTENDED BLOCK BUILDING ATTENDED ATTENDED ATTENDED ATTENDED ATTENDED			
2. Principal P	lace of Business	2a. Mailing Address 26			Date Incorporated or Qualifed     10/07/1960			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-4FEI Number 64-0349942		plied For— t Applicable	
City & State	8	City & State			5. Certificate of Status Desired	\$8.75 / Fee Re	Additional	
Zip	Country	Zîp	Country	/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	•	
24	9. Name and Address of Curren	29 3	0		10. Name and Address of New Registered		0 1665	
	3. Name and Address of Curren	it izabisteran whent	81	Name	To Hamo and Hamilton of the Hoperton			
INSURAN	CE COMMISSIONER		82		Iress (P.O. Box Number is Not Acceptable)			
	Building Ssee FL 32301		83	•				
INCOMIN	OOLL 1 E 02001		84	City		85 Zip (	Code	
				<u>l</u>	Fl			
office or n	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	horized by	the corporati	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	r changing its intment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if annihable (NOTE: D	colored Age	nt cionatura requir	ad when reinstating) DATE			
12.		ID DIRECTORS	13.	in adulative radolii	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	VP	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	JUNKIN JR, FRANK K		1.2 NAME					
STREET ADDRESS	907 MORNINGSIDE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	JACKSON MS 39202		1.4 CITY-S					
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	NEW, DAVID A JR		2.2 NAME		_			
STREET ADDRESS	110 WOODHAVEN DRIVE		2.3 STREE	TADDRESS			·	
CITY-ST-ZIP	NATCHEZ MS 39120		2. 4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	WATSON, PAUL H JR		3.2 NAME					
STREET ADDRESS	620 WILDWOOD ROAD		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	GREENVILLE MS 38701		3.4. CITY-5	ST-ZIP				
TITLE	P	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	STOVALL, JERRY C		4. 2 NAME					
STREET ADDRESS	420 ST ANDREWS DR		4.3 STREE	TADDRESS				
CITY-ST-ZIP	JACKSON, MISS 00000		4.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	NEW, DAVID A SR.		5.2 NAME					
STREET ADDRESS	ROUTE 2 BOX 74			TADORESS				
CITY-ST-ZIP	NATCHEZ MS	——————————————————————————————————————	5.4 CITY-S	IT-ZIP		C1.C	I Addition	
TITLE	V	☐ DELETE	6.1 TITLE	İ		Change	☐ Addition	
NAME.	WEEMS, WILLIAM F		6.2 NAME					
STREET ADDRESS	637 CLIFFVIEW DRIVE			TADDRESS	τ			
CITY-ST-ZIP	BRANDON MS		6.4 CITY-S	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, with all other like empowered.

SIGNATURE:

601-936-6602