

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90029 050 ****61.25

DOCUMENT # 814783

1. Entity Name

AMERICAN PUBLIC LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

2305 LAKELAND DRIVE
 BOX 925
 JACKSON MS 39208
 US

2305 LAKELAND DRIVE
 BOX 925
 JACKSON MS 39208-9549
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0349942

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITAL BUILDING
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VP JUNKIN JR, FRANK K**
 STREET ADDRESS **907 MORNINGSIDE**
 CITY-ST-ZIP **JACKSON MS 39202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P STOVALL, JERRY C**
 STREET ADDRESS **420 ST ANDREWS DR**
 CITY-ST-ZIP **JACKSON, MISS 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *William F. Weems*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2000 601-936-6600

Date

Daytime Phone #

CR2E037 (9/99)