

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814783

FILED
Feb 20, 2005
Secretary of State

Entity Name: AMERICAN PUBLIC LIFE INSURANCE COMPANY

Current Principal Place of Business:

2305 LAKELAND DRIVE
BOX 925
JACKSON, MS 39208 US

New Principal Place of Business:

Current Mailing Address:

2305 LAKELAND DRIVE
BOX 925
JACKSON, MS 39208 US

New Mailing Address:

FEI Number: 64-0349942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: NEUMANN, JAMES V.
Address: 2305 LAKELAND DRIVE
City-St-Zip: JACKSON, MS 39208

Title: VP () Delete
Name: STARNES, SHARON D.
Address: 203 ALICE DRIVE
City-St-Zip: BRANDON, MS 39042

Title: VP () Delete
Name: AYCOCK, DIANNE D.
Address: 544 BAY POINTE DRIVE
City-St-Zip: BRANDON, MS 39047

Title: VP () Delete
Name: MILLS, RICHARD
Address: 18 CEDAR COVE
City-St-Zip: BRANDON, MS 39042

Title: VP () Delete
Name: CARPENTER, DAVID R.
Address: 12901 NORTH MACARTHUR
City-St-Zip: OKLAHOMA CITY, OK 73142

Title: V () Delete
Name: WEEMS, WILLIAM F
Address: 637 CLIFFVIEW DRIVE
City-St-Zip: BRANDON, MS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. WEEMS

VP

02/20/2005

Electronic Signature of Signing Officer or Director

_____ Date