


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90106 049 ****61.25

DOCUMENT # 814783

1. Entity 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
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60021326



02132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0349942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEUMANN, JAMES V. 2305 LAKELAND DRIVE JACKSON, MS 39208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STARNES, SHARON D. 203 ALICE DRIVE BRANDON, MS 39042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AYCOCK, DIANNE D. 544 BAY POINTE DRIVE BRANDON, MS 39047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLS, RICHARD 18 CEDAR COVE BRANDON, MS 39042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARPENTER, DAVID R. 12901 NORTH MACARTHUR OKLAHOMA CITY, OK 73142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEEMS, WILLIAM F 637 CLIFFVIEW DRIVE BRANDON, MS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William F. Weems **WILLIAM F. WEEMS** 2/22/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #