

**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**

60021346



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 ☐ **\$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

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

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

WILLIAM F. WEEMS

2/27/06

Date

Daytime Phone #