

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814783

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** AMERICAN PUBLIC LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2305 LAKELAND DRIVE  
BOX 925  
JACKSON, MS 39205 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  
Name: STARNES, SHARON D.  
Address: 203 ALICE DRIVE  
City-St-Zip: BRANDON, MS 39042

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

Title: VP  
Name: LITCHENBURG, ALFRED L  
Address: 6200 OAK FOREST RD  
City-St-Zip: EDMOND, OK 73025

Title: VP  
Name: WEEMS, WILLIAM F  
Address: 637 CLIFFVIEW DRIVE  
City-St-Zip: BRANDON, MS 39047

Title: PRES  
Name: PATE, JIMMY V  
Address: 2305 LAKELAND DRIVE  
City-St-Zip: FLOWOOD, MS 39232

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM F. WEEMS

VP

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date