

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820607

FILED
Apr 18, 2011
Secretary of State

Entity Name: AMERICAN FIDELITY ASSURANCE COMPANY

Current Principal Place of Business:

2000 N CLASSEN BLVD
OKLAHOMA CITY, OK 73106 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25523
ATTN: FMS
OKLAHOMA CITY, OK 731250523 US

New Mailing Address:

FEI Number: 73-0714500 **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: CD
Name: DURRETT, WILLIAM E
Address: 2000 N CLASSEN BLVD, 7N
City-St-Zip: OKLAHOMA CITY, OK 73106

Title: VT
Name: BREARTON, ROBERT D
Address: 2000 N CLASSEN BLVD
City-St-Zip: OKLAHOMA CITY, OK 73106

Title: VS
Name: GARRETT, STEPHEN P
Address: 2000 N CLASSEN BLVD
City-St-Zip: OKLAHOMA CITY, OK 73106

Title: V
Name: LITCHENBURG, AL L
Address: 2000 N CLASSEN BLVD
City-St-Zip: OKLAHOMA CITY, OK 73106

Title: P
Name: CARPENTER, DAVID R
Address: 2000 N CLASSEN BLVD
City-St-Zip: OKLAHOMA CITY, OK 73106

Title: D
Name: CAMERON, WILLIAM M
Address: 2000 N CLASSEN BLVD
City-St-Zip: OKLAHOMA CITY, OK 73106

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEITH FITZSIMONS

VP

04/18/2011

Electronic Signature of Signing Officer or Director

Date