

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837383 (9)

1. Corporation Name

ARCADIA NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

3290 NORTHSIDE PKWY NW
SUITE 200
ATLANTA GA 30324
US

P O BOX 50355
ATLANTA GA 30302
US

3. Date Incorporated or Qualified

11/16/1976

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24 30327

25

29

30

4. FEI Number

86-0225077

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
PLAZA LEVEL 11
THE CAPITOL
TALLAHASSEE FL 32399-7300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCO ☒ DELETE
NAME VANNOY, THOMAS GENE
STREET ADDRESS 1615 MURRAY CANYON RD.
CITY-STATE-ZIP SAN DIEGO CA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE PCEO ☐ DELETE
NAME MEICH, ALLEN C
STREET ADDRESS 20465 VIA TALAVERA
CITY-STATE-ZIP YORBA LINDA CA 92680

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE VP ☐ DELETE
NAME YOUNG, LARRY
STREET ADDRESS 1150 S OLIVE ST
CITY-STATE-ZIP LOS ANGELES CA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE VPCR ☐ DELETE
NAME BIERMAN, JAMES L
STREET ADDRESS 20670 DOGWOOD CIRCLE
CITY-STATE-ZIP YORBA LINDA CA 92680

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE VPCF ☐ DELETE
NAME FOLTZ, STEPHEN H
STREET ADDRESS 232 BAYWOOD DRIVE
CITY-STATE-ZIP NEWPORT BEACH CA

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE AS ☐ DELETE
NAME PINSON, MARY L
STREET ADDRESS 2354 MANZANA WAY
CITY-STATE-ZIP SAN DIEGO CA

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 1150 South Olive Street
6.4 CITY-STATE-ZIP Los Angeles, CA 90015

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary L. Pinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary L. Pinson February 19, 1996 213-742-4951

Date

Daytime Phone #

CR2E034 (12/95)