FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 16 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 843339 (3)

1. Corporation Name

AMERICAN FOUNDATION LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2801 HIGHWAY 280 SOUTH (ZIP 35223) P.O. BOX 2606 BIRMINGHAM AL 35202	2801 HIGHWAY 280 SOUTH. (ZIP 35223) P.O. BOX 2606 BIRMINGHAM AL 35202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1979

3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: 63-0671690 ☐ 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

INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☒ Change ☐ Addition
NAME	RUSHTON III, WILLIAMS J.	1.2 NAME	Delete Rushton
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	NABERS, DRAYTON	2.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, JOHN K.	3.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	3.3. STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	SVD	4.1 TITLE	☐ Change ☐ Addition
NAME	BENTLEY, ORMOND L.	4.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	SVD	5.1 TITLE	☐ Change ☐ Addition
NAME	BRIGGS, R. STEPHEN	5.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	SVD	6.1 TITLE	☐ Change ☐ Addition
NAME	MASSENGALE, JIM E.	6.2 NAME	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP	

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)(i), 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: John K. Wright 3-8-95 (205) 868-3581
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN K. WRIGHT, Secretary

0384332 CP