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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

843339

(3)

AMERICAN FOUNDATION LIFE INSURANCE COMPANY Principal Place of Business Mailing Address									
·	/AY 280 SOUTH. (ZIP 35223)	2801 HIGHWAY 280 SOUTH. (ZIP 35223) P.O. BOX 2606							
BIRMINGHAM AL 35202		BIRMINGHAM AL 35202			h -	3. Date Incorporated or Qualified 3a. Date of Last Report			
		·				5/25/1979		03/16/1995	
. Principal Pla 	ace of Business	2a. Mailing Address 26				wimber 076169 63-0671699	0	Applied For Not Applicat	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Cert	ificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Elec	tion Campaign Financing		\$5.00 May Be	
Ony & Chanc	•	28				t Fund Contribution		Added to Fees	
Zışı	Country	Zip 29	Count	ry	t t	corporation has liability f	or intangible t res 🔣 No	tax under s. 199.032,	
	9. Name and Address of Current I					ne and Address of Nev		Agent	
	A	7	8	1 Name					
INSURA	ANCE COMMISSIONER		A	2 Street	Address (P.O. B	ox Number is Not Accep	table)		
	APITOL BLDG		Ĺ						
	ASSEE FL 32301		8	3					
			8	4 City				85 Zip Code	
				1		to this statement for the	FI	banoina ite registerad o	
or registe familiar wi GNATURE	to the provisions of Sections 607.0502 a red agent, or both, in the State of Florida ith, and accept the obligations of, Section	Such change was authori n 607,0505, Florida Statute	ized by the co es.	rporation's	board of directo	irs. I hereby accept the a	ippointment a	is registered agent. I an	
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	Signation, typest or proporting on of registered agent as			gent signature r	required when reinstate		DATE OFFICERS AN	ID DIRECTORS IN 12	
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1. To be newly certify that the information surplied with this limit is volonitarly turnished and uses not qualify that the information indicated on this annual report is 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 changes or on an attachment with an address.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 (205) P68-3581

CR2E034 (12/95)