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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90050 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850744

1. Corporation Name

EMPIRE GENERAL LIFE ASSURANCE CORPORATION

Principal Place of Business

**2801 HWY 280 SOUTH
BIRMINGHAM AL 35223
US**

Mailing Address

**P O BOX 2606
BIRMINGHAM AL 35202
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1981

4. FEI Number

63-1073929

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
DRAYTON NABERS, JR.
2801 HWY 280 SOUTH
BIRMINGHAM AL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP
R. STEPHEN BRIGGS
2801 HWY 280 SOUTH
BIRMINGHAM AL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DVT
A. S. WILLIAMS III
2801 HWY 280 SOUTH
BIRMINGHAM AL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD
LONG, DEBORAH J
2801 HWY 280 SOUTH
BIRMINGHAM AL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SVCA
STUENKEL, WAYNE E.
2801 HIGHWAY 280 SOUTH
BIRMINGHAM AL 35223**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**EVCF
JOHNS, JOHN D.
2801 HIGHWAY 280 SOUTH
BIRMINGHAM AL 35223**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

Date

(205) 879-9230

Daytime Phone #

CR2E034 (11/98)