

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857772 (8)
 1. Corporation Name
FIRST NATIONAL LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business 328 W. Valley Avenue Birmingham AL 35209 US	Mailing Address PO Box 11316 Birmingham AL 35202-1316 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1983	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number 58-0643281	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**INSURANCE COMMISSIONER OF FLORIDA
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Clark, Alan F	
STREET ADDRESS	1133 Lakeridge Drive	
CITY-ST-ZIP	B'ham AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	McKinney, Gene	
STREET ADDRESS	5020 Greystone Way	
CITY-ST-ZIP	Birmingham AL 35242	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	Burnette, Frances Y.	
STREET ADDRESS	125 Oxmoor RD	
CITY-ST-ZIP	B'ham AL 35209	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Clark, Howard G IV	
STREET ADDRESS	3805 Palamar Lane	
CITY-ST-ZIP	Austin, TX 78727	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Clark, Christine J	
STREET ADDRESS	1133 Lakeridge Dr	
CITY-ST-ZIP	B'ham AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Clark, Caroline	
STREET ADDRESS	2124 20th Ave So	
CITY-ST-ZIP	B'ham AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hackney, John A.	
STREET ADDRESS	211 Third Avenue So	
CITY-ST-ZIP	Franklin, TN 37064	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	1000025000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	-04/24/98--01091--003	
33 STREET ADDRESS	***173.75	
34 CITY-ST-ZIP		
41 TITLE	D, Ass't	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Lowrey, Judith C	
43 STREET ADDRESS	190 Heathersett DR	
44 CITY-ST-ZIP	Franklin TN 37064	
51 TITLE	D, Ass't S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Willis, Wade A.	
53 STREET ADDRESS	1100 Bryana Drive	
54 CITY-ST-ZIP	Franklin, TN 37064	
61 TITLE	D, Ass't S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Roos, Dennis L	
63 STREET ADDRESS	613 Hillsboro Rd, B21	
64 CITY-ST-ZIP	Franklin, TN 37064	

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 in an attachment with an address.

SIGNATURE: *Frances Y. Burnette* **4-7-98 205-942-2112**

CR2E034 (10/97)