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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 857772 (8)

1. Corporation Name

First National Life Insurance Company of America

Principal Place of Business

Mailing Address

1817 Crane Ridge Drive Suite 200 Jackson, MS 39216
 P. O. Box 11316 Birmingham, Al 35202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1983

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
 58-0643281

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Insurance Commissioner of Florida
 The Capitol Building
 Tallahassee FL 32399

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Hackney, John A.	
STREET ADDRESS	211 Third Avenue So	
CITY-ST-ZIP	Franklin, TN 37064	
TITLE	VD	<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 Road	
CITY-ST-ZIP	Birmingham, Al 35209	
TITLE	D,Asst. T	<input type="checkbox"/> DELETE
NAME	Lowrey, Judith C	
STREET ADDRESS	190 Heathersett Dr	
CITY-ST-ZIP	Franklin, TN 37064	
TITLE	D,Asst. S	<input type="checkbox"/> DELETE
NAME	Willis, Wade A.	
STREET ADDRESS	1100 Bryana Dr	
CITY-ST-ZIP	Franklin, TN 37064	
TITLE	D,Asst.S	<input type="checkbox"/> DELETE
NAME	Roos, Dennis L	
STREET ADDRESS	613 Hillsboro Rd.B21	
CITY-ST-ZIP	Franklin, TN 37064	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(c)(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 307, 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: *Frances Y. Burnette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Frances Y. Burnette, Secretary

4/5/99

Date

205/942-2112

Daytime Phone #

CR2E034 (1/98)