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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90121 042 \*\*\*173.75

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 tangible  
Personal Property Tax. ☐ Yes ☒ No

24

25

29

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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 ☐ DELETE  
NAME Hackney, John A.  
STREET ADDRESS 211 Third Avenue So  
CITY-ST-ZIP Franklin, TN 37064

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME McKinney, Gene  
STREET ADDRESS 5020 Greystone Way  
CITY-ST-ZIP Birmingham, AL 35242

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE VSTD ☐ DELETE  
NAME Burnette, Frances Y.  
STREET ADDRESS 125 Oxmoor Road  
CITY-ST-ZIP Birmingham, Al 35209

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D, Asst. T ☐ DELETE  
NAME Lowrey, Judith C  
STREET ADDRESS 190 Heathersett Dr  
CITY-ST-ZIP Franklin, TN 37064

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D, Asst. S ☐ DELETE  
NAME Willis, Wade A.  
STREET ADDRESS 1100 Bryana Dr  
CITY-ST-ZIP Franklin, TN 37064

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE D, Asst. S ☐ DELETE  
NAME Roos, Dennis L  
STREET ADDRESS 613 Hillsboro Rd. B21  
CITY-ST-ZIP Franklin, TN 37064

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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(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 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:

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

4/5/99

Date

205/942-2112

Laytime Phone #

CR2E034 (1/98)