FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:01

DOCUMENT # 858519 (2)

1. Corporation Name
FIRST NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
7 CLAYTON ST. MONTGOMERY AL 36104-4089	7 CLAYTON ST. MONTGOMERY AL 36104-4089

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/15/1969
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: 74-1594642 ☐ 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

7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HUNTER, MARTHA A
115 SEAMARGE CIRCLE
PENSACOLA FL 32507

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	✓	☐ Change ☒ Addition
NAME	HUNTER, R K	12 NAME	Edward A Tepper	
STREET ADDRESS	115 SEAMARGE CIRCLE	13 STREET ADDRESS	40 South Alcaniz St	
CITY-ST-ZIP	PENSACOLA FL 32507	14 CITY-ST-ZIP	Pensacola FL 32501	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MASSEY, LINDA J	22 NAME		
STREET ADDRESS	406 PORT ROYAL WAY	23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	HUNTER, MARTHA A	32 NAME		
STREET ADDRESS	115 SEAMARGE CIR.	33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ROGERS, DONINE	42 NAME		
STREET ADDRESS	5157 HOLLOW LOG LANE	43 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35244	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MASSEY, BOSTON	52 NAME		
STREET ADDRESS	1 HAIGLER DR.	53 STREET ADDRESS		
CITY-ST-ZIP	HAYNEVILLE AL 36040	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	STURDEVANT, TINA	62 NAME		
STREET ADDRESS	3 TROTTER ST.	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE NC	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Edward A Tepper Edward A Tepper 6/5/95 (904) 432-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04858594 FP