FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 858519

1. Corporation Name

FIRST NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business
7 CLAYTON STREET
MONTGOMERY, AL 36104

Mailing Address
7 CLAYTON STREET
MONTGOMERY, AL 36104

3. Date Incorporated or Qualified: 10/15/1969

3a. Date of Last Report:

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) Country (25)

Zip (29) Country (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

8. This 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: Signature, typed or printed name of registered agent and title if applicable — (NOTE: Required Approval statement cannot be blank) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HUNTER, R K	
STREET ADDRESS	115 SEAMARGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	☐ DELETE
NAME	MASSEY, LINDA J	
STREET ADDRESS	406 PORT ROYAL WAY	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VD	☐ DELETE
NAME	HUNTER, MARTHA A	
STREET ADDRESS	115 SEAMARGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	☐ DELETE
NAME	ROGERS, DONINE	
STREET ADDRESS	5157 HOLLOW LOG LANE	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	D	☐ DELETE
NAME	MASSEY, BOSTON	
STREET ADDRESS	1 HAIGLER DR	
CITY-ST-ZIP	HAYNEVILLE AL 36040	
TITLE	D	☐ DELETE
NAME	STURDEVANT, TINA	
STREET ADDRESS	3 TROTTER ST	
CITY-ST-ZIP	JACKSONVILLE NC 28540	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

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)(k), 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: LINDA J. MASSEY — 3/27/96 — 334-832-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)