

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 10/15/1969
3a. Date of Last Report: [Blank]
4. FEI Number: 74-1594642
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: [X] 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: [Blank]

11. Pursuant to the provisions of Sections 607.0607 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] DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: HUNTER, R K	11 TITLE: [] Change [] Addition	
STREET ADDRESS: 115 SEAMARGE CIRCLE	CITY-ST-ZIP: PENSACOLA FL 32507	12 NAME: [] Change [] Addition	
TITLE: VD	NAME: MASSEY, LINDA J	13 STREET ADDRESS: [] Change [] Addition	
STREET ADDRESS: 406 PORT ROYAL WAY	CITY-ST-ZIP: PENSACOLA FL 32501	14 CITY-ST-ZIP: [] Change [] Addition	
TITLE: VD	NAME: HUNTER, MARTHA A	21 TITLE: [] Change [] Addition	
STREET ADDRESS: 115 SEAMARGE CIRCLE	CITY-ST-ZIP: PENSACOLA FL 32507	22 NAME: [] Change [] Addition	
TITLE: D	NAME: ROGERS, DONINE	23 STREET ADDRESS: [] Change [] Addition	
STREET ADDRESS: 5157 HOLLOW LOG LANE	CITY-ST-ZIP: BIRMINGHAM AL 35244	24 CITY-ST-ZIP: [] Change [] Addition	
TITLE: D	NAME: MASSEY, BOSTON	31 TITLE: [] Change [] Addition	
STREET ADDRESS: 1 HAIGLER DR	CITY-ST-ZIP: HAYNEVILLE AL 36040	32 NAME: [] Change [] Addition	
TITLE: D	NAME: STURDEVANT, TINA	33 STREET ADDRESS: [] Change [] Addition	
STREET ADDRESS: 3 TROTTER ST	CITY-ST-ZIP: JACKSONVILLE NC 28540	34 CITY-ST-ZIP: [] Change [] Addition	
		41 TITLE: [] Change [] Addition	
		42 NAME: [] Change [] Addition	
		43 STREET ADDRESS: [] Change [] Addition	
		44 CITY-ST-ZIP: [] Change [] Addition	
		51 TITLE: [] Change [] Addition	
		52 NAME: [] Change [] Addition	
		53 STREET ADDRESS: [] Change [] Addition	
		54 CITY-ST-ZIP: [] Change [] Addition	
		61 TITLE: [] Change [] Addition	
		62 NAME: [] Change [] Addition	
		63 STREET ADDRESS: [] Change [] Addition	
		64 CITY-ST-ZIP: [] Change [] Addition	

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(9)(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: [Signature] LINDA J. MASSEY 3/27/96 334-832-1850

CR2E034 (12/95)