FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90207 033 ***150.00

DOCUMENT # F07000001896

1. Entity Name
Admiral Life Insurance Company of America

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40037341
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2. Principal Place of Business	3. Mailing Address
One State Mutual Drive	P.O. Box 33
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rome, GA	City & State: Rome, GA
Zip: 30165 Country:	Zip: 30162-0033 Country:

4. FEI Number: 41-6041001 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JOHN ANTHONY
Street Address(P.O. Box Number is Not Acceptable): 8545 126TH AVE. N., SUITE 200
City: LARGO, FL Zip Code: 33773-1502

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	YANCEY, DELOS III	NAME	
STREET ADDRESS	185 BELLEMONT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ROME, GA 30165	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	GORDON, RICK A	NAME	
STREET ADDRESS	59 WILDERNESS CAMP ROAD	STREET ADDRESS	
CITY-ST-ZIP	WHITE, GA 30184	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	ROGERS, ANN P	NAME	
STREET ADDRESS	1504 FISH CREEK ROAD	STREET ADDRESS	
CITY-ST-ZIP	CEDARTOWN, GA 30125	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	MORROW, ROBERT GREGORY	NAME	
STREET ADDRESS	347 MT. ALTO ROAD	STREET ADDRESS	
CITY-ST-ZIP	ROME, GA 30165	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE Sandy Bosshard SANDY BOSSHARD 2-20-08 (706) 295-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #