2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# F07000001896

Entity Name: ADMIRAL LIFE INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

ONE STATE MUTUAL DR
ROME, GA 30165

New Principal Place of Business:

Current Mailing Address:

POB 33
ROME, GA 301620033

New Mailing Address:

PO BOX 33
ROME, GA 301620033

FEI Number: 41-6041001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTHONY, JOHN
8545 126TH AVE N SUITE 200
SAINT PETERSBURG, FL 337331502 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: YANCEY, DELOS H III
Address: 185 BELLEMONT DRIVE S.W.
City-St-Zip: ROME, GA 31065

Title: CDO ( ) Delete
Name: HUBBARD, CLINTON G
Address: P.O. BOX 1248
City-St-Zip: DALTON, GA 30722

Title: D ( ) Delete
Name: SMITH, S. DAVID JR
Address: 309 E. 2ND AVENUE
City-St-Zip: ROME, GA 30161

Title: D ( ) Delete
Name: WATKINS, DONALD V
Address: 2170 HIGHLAND AVENUE SUITE 250
City-St-Zip: BIRMINGHAM, AL 35205

Title: D ( ) Delete
Name: COBB, BURTON H
Address: 205 ROBIN STREET
City-St-Zip: ROME, GA 30165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: YANCEY, DELOS H III
Address: 185 BELLEMONT DRIVE S.W.
City-St-Zip: ROME, GA 31065

Title: D (X) Change ( ) Addition
Name: HUBBARD, CLINTON G
Address: P.O. BOX 1248
City-St-Zip: DALTON, GA 30722

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: GORDON, RICK A
Address: 59 WILDERNESS CAMP ROAD
City-St-Zip: WHITE, GA 30184

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK A GORDON V 01/08/2009

Electronic Signature of Signing Officer or Director — Date