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

APPROVED AND FILED
95 MAY -1 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005643 (2)

1. Corporation Name
EQUITY NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1020 WEST FOURTH STREET P.O. BOX 8063 LITTLE ROCK AR 72203	1020 WEST FOURTH STREET P.O. BOX 8063 LITTLE ROCK AR 72203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 58-1028714 ☐ 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	10. Name and Address of New Registered Agent
INSURANCE COMMISIONER CAPITOL TALLAHASSEE FL 32399-0300	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	AS	☐ Change ☐ Addition
NAME	VERMIE, CRAIG D.	
STREET ADDRESS	4333 EDGEWOOD RD N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	SD	☐ Change ☐ Addition
NAME	RAY, MIDDLETON P JR	
STREET ADDRESS	501 WOOD LANE	
CITY-ST-ZIP	LITTLE ROCK AK 72201	
TITLE	PD	☐ Change ☐ Addition
NAME	ARRINGTON, CHARLES M	
STREET ADDRESS	1020 WEST FOURTH STREET	
CITY-ST-ZIP	LITTLE ROCK AK 72201	
TITLE	V	☐ Change ☐ Addition
NAME	CHAPMAN, MICHAEL C	
STREET ADDRESS	1020 WEST FOURTH STREET	
CITY-ST-ZIP	LITTLE ROCK AK 72201	
TITLE	VD	☐ Change ☐ Addition
NAME	BAIRD, PATRICK S	
STREET ADDRESS	549 KNOLLWOOD DRIVE, SE	
CITY-ST-ZIP	CEDAR RAPIDS AR 72201	
TITLE	VC	☐ Change ☐ Addition
NAME	BLANKENSHIP, PHYLLIS M	
STREET ADDRESS	1020 WEST FOURTH STREET	
CITY-ST-ZIP	LITTLE ROCK AR 72201	

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(1)(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: [signature] 4/25/95 (319)398-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Craig D. Vermie, Assistant Secretary — Date — Daytime Phone #

0470440 FP