

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001844 (9)
1. Corporation Name
AMERICAN FIDELITY & LIBERTY INSURANCE COMPANY

Principal Place of Business
HIGHLANDS CORPORATE CENTER
525 HIGHLANDS BOULEVARD
COATESVILLE PA 19320

Mailing Address
P.O. BOX 190
PARKESBURG PA 19365

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last Report 06/21/1996
4. FEI Number 23-2401229	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P RADTKE, ERICH	1.1 TITLE	President
NAME	HIGHLANDS CENTER, 525 HIGHLANDS BLVD	1.2 NAME	ALOYSIUS J. ABEL, III
STREET ADDRESS	COATESVILLE PA 19320	1.3 STREET ADDRESS	HIGHLANDS CORPORATE CENTER
CITY-ST-ZIP		1.4 CITY-ST-ZIP	525 HIGHLANDS BLVD.
TITLE	S SCHRATZ, MICHAEL	2.1 TITLE	TREASURER,
NAME	HIGHLANDS CENTER, 525 HIGHLANDS BLVD	2.2 NAME	RICHARD D. KENNEDY
STREET ADDRESS	COATESVILLE PA 19320	2.3 STREET ADDRESS	HIGHLANDS CORPORATE CENTER
CITY-ST-ZIP		2.4 CITY-ST-ZIP	525 HIGHLANDS BLVD.
TITLE	T RADTKE, ELIZABETH A	3.1 TITLE	COATESVILLE, PA 19320
NAME	HIGHLANDS CENTER, 525 HIGHLANDS BLVD.	3.2 NAME	
STREET ADDRESS	COATESVILLE PA 19320	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Michael M. Schratz* Secretary

660-580-1851

7/21/97

CR2E034 (4/97)