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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:19

DOCUMENT # P03578 (2)

1. Corporation Name
AMERICAN PROGRESSIVE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
155 FRANKLIN ROAD, SUITE #250 (37027) P.O. BOX 908 BRENTWOOD TN 37024-0908 US	155 FRANKLIN ROAD, SUITE #250 (37027) P.O. BOX 908 BRENTWOOD TN 37024-0908 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1984	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 62-0754973	☐ 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

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☒ Addition
NAME	CLEVENGER, ERNEST ALLEN,	12 NAME	
STREET ADDRESS	155 FRANKLIN ROAD #250	13 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	14 CITY-ST (ZIP)	37027
TITLE	S	21 TITLE	Secretary ☒ Change ☐ Addition
NAME	CRAWFORD, BRENDA G.	22 NAME	Nuehring, Stanley P.
STREET ADDRESS	155 FRANKLIN ROAD #250	23 STREET ADDRESS	155 Franklin Road #250
CITY-ST-ZIP	BRENTWOOD TN	24 CITY-ST-ZIP	Brentwood, TN 37027
TITLE	TD	31 TITLE	☐ Change ☒ Addition
NAME	ZUMBRO, THOMAS L.	32 NAME	
STREET ADDRESS	155 FRANKLIN ROAD #250	33 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	34 CITY-ST (ZIP)	37027
TITLE	VD	41 TITLE	☐ Change ☒ Addition
NAME	NUEHRING, STANLEY PAUL	42 NAME	
STREET ADDRESS	155 FRANKLIN ROAD #250	43 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	44 CITY-ST (ZIP)	37027
TITLE	VD	51 TITLE	Assistant VP ☒ Change ☐ Addition
NAME	HILL, JOHN M	52 NAME	Teal, Jane
STREET ADDRESS	155 FRANKLIN RD, STE 250	53 STREET ADDRESS	155 Franklin Road #250
CITY-ST-ZIP	BRENTWOOD TX	54 CITY-ST-ZIP	Brentwood TN 37027
TITLE	V	61 TITLE	☐ Change ☒ Addition
NAME	EWERS, E. WILLIAM M	62 NAME	
STREET ADDRESS	155 FRANKLIN RD, STE 250	63 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	64 CITY-ST (ZIP)	37027

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(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 attached sheet, with an address.

SIGNATURE: Stanley P. Nuehring 2/1/95 (615) 377-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Stanley P. Nuehring, V.P. & Secretary

0465006 FP