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
95 FEB 17 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13339 (7)

1. Corporation Name
AMERICAN FUNERAL ASSURANCE COMPANY

Principal Place of Business	Mailing Address
1619 HWY. 25 NORTH AMORY MS 38821 US	P. O. BOX 427 AMORY MS 38821-0427 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1987
3a. Date of Last Report: 03/23/1994

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: 64-0345732 ☐ 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

COMMISSIONER OF INSURANCE
THE CAPITOL
TALLAHASSEE FL 32301-8120

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	NUNNELLEE, PAT T	1.2 NAME		
STREET ADDRESS	1619 HWY. 25 N.	1.3 STREET ADDRESS		
CITY-ST-ZIP	AMORY MS	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE	VP & Secretary	☒ Change ☐ Addition
NAME	WILLIAMS, MARTHA G	2.2 NAME	Martha G. Williams	
STREET ADDRESS	1619 HWY 25 N.	2.3 STREET ADDRESS	2000 Wade Hampton Blvd.	
CITY-ST-ZIP	AMORY MS	2.4 CITY-ST-ZIP	Greenville, SC 29615	
TITLE	T	3.1 TITLE	VP & Treasurer	☒ Change ☐ Addition
NAME	SMITH, JOHN P	3.2 NAME	John P. Smith	
STREET ADDRESS	1619 HWY 25 N.	3.3 STREET ADDRESS	2000 Wade Hampton Blvd.	
CITY-ST-ZIP	AMORY MS	3.4 CITY-ST-ZIP	Greenville, SC 29615	
TITLE	C	4.1 TITLE	Chairman	☒ Change ☐ Addition
NAME	HUNT, W. K III	4.2 NAME	W. Kenneth Hunt, III	
STREET ADDRESS	1619 HWY. 25 N.	4.3 STREET ADDRESS	2000 Wade Hampton Blvd.	
CITY-ST-ZIP	AMORY MS	4.4 CITY-ST-ZIP	Greenville, SC 29615	
TITLE	D	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	HIPP, HAYNE	5.2 NAME	Hayne Hipp	
STREET ADDRESS	1619 HWY. 25 N.	5.3 STREET ADDRESS	2000 Wade Hampton Blvd.	
CITY-ST-ZIP	AMORY MS	5.4 CITY-ST-ZIP	Greenville, SC 29615	
TITLE	D	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	OGDEN, RALPH L	6.2 NAME	Ralph L. Ogden	
STREET ADDRESS	1619 HWY. 25 N.	6.3 STREET ADDRESS	2000 Wade Hampton Blvd.	
CITY-ST-ZIP	AMORY MS	6.4 CITY-ST-ZIP	Greenville, SC 29615	

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 attachment with an address.

SIGNATURE: Martha G. Williams Martha G. Williams 1-25-95 (803) 268-8280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400531 FN