SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P16516** **(7)**

1. Corporation Name

COMMONWEALTH NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business
113 SOUTH DAVIS AVENUE
P.O. BOX 1560
CLEVELAND MS 38732-1560

Mailing Address
113 SOUTH DAVIS AVENUE
P.O. BOX 1560
CLEVELAND MS 38732-1560

3. Date Incorporated or Qualified: **10/23/1987**
3a. Date of Last Report: **06/13/1995**

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: **64-0437635** — 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 [X] No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
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 resigning)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GLADDEN, PAUL D.		1.2 NAME	
STREET ADDRESS	1334 MEMORIAL DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND MS		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	[X] Change ☐ Addition
NAME	TIMS, ROBERT L.		2.2 NAME	
STREET ADDRESS	1518 COLLEGE		2.3 STREET ADDRESS	437 McKnight Rd
CITY-ST-ZIP	CLEVELAND MS		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, ERNEST T. JR.		3.2 NAME	
STREET ADDRESS	WASHINGTON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MACON MS		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, NED A		4.2 NAME	
STREET ADDRESS	200 N LEFLORE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND MS		4.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TIMS, JAMES I		5.2 NAME	
STREET ADDRESS	525 HILLCREST		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND MS		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WINN, EUSTACE H. J		6.2 NAME	
STREET ADDRESS	111 GAMWYN DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE MS		6.4 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul D. Gladden — Paul D. Gladden — 6/10/96 — (601)843-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)