

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90045 031 \*\*\*150.00

**DOCUMENT # P16516**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/23/1987**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 107 South Davis, B-5**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

**23 Cleveland, MS**

City & State

**28**

Zip Country

**24 38732**

**25 Bolivar**

Zip Country

**29**

**30**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VS** ☒ DELETE  
NAME **GLADDEN, PAUL D.**  
STREET ADDRESS **1334 MEMORIAL DR.**  
CITY-ST-ZIP **CLEVELAND MS**

TITLE **PD** ☐ DELETE  
NAME **TIMS, ROBERT L.**  
STREET ADDRESS **437 MCKNIGHT RD**  
CITY-ST-ZIP **CLEVELAND MS**

TITLE **D** ☐ DELETE  
NAME **GEORGE, ERNEST T. JR.**  
STREET ADDRESS **WASHINGTON ST.**  
CITY-ST-ZIP **MACON MS**

TITLE **D** ☐ DELETE  
NAME **MITCHELL, NED A**  
STREET ADDRESS **200 N LEFLORE**  
CITY-ST-ZIP **CLEVELAND MS**

TITLE **C** ☐ DELETE  
NAME **TIMS, JAMES I**  
STREET ADDRESS **525 HILLCREST**  
CITY-ST-ZIP **CLEVELAND MS**

TITLE **VD** ☐ DELETE  
NAME **WINN, EUSTACE H. J**  
STREET ADDRESS **111 GAMWYN DR.**  
CITY-ST-ZIP **GREENVILLE MS**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President/Secretary** ☒ Change ☐ Addition  
1.2 NAME **Davis, Peggy W.**  
1.3 STREET ADDRESS **224 Dillion Rd.**  
1.4 CITY-ST-ZIP **Merigold, MS**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/99**

Date

**601/843-9091**

Daytime Phone #

CR2E034 (1/98)