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

APPROVED AND FILED

95 FEB 27 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18253** **(5)**

1. Corporation Name

THE AMERICAN FRANKLIN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
FRANKLIN SQUARE SPRINGFIELD IL 62713	FRANKLIN SQUARE SPRINGFIELD IL 62713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1988
3a. Date of Last Report: 03/01/1994

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: 37-1106515 ☐ 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

THE 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	11 TITLE	☐ Change ☐ Addition
NAME	HUMPHREY, HOWARD CLARK	12 NAME	
STREET ADDRESS	RURAL ROUTE 6	13 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BEUERLEIN, ROBERT M	22 NAME	
STREET ADDRESS	1604 CLEARVIEW DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	HORVAT, STEPHEN PAUL JR	32 NAME	
STREET ADDRESS	2012 OAK CREEK ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	WARD, WILLIAM, DAVID	42 NAME	
STREET ADDRESS	1221 W PINE	43 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	KELSHEIMER, THOMAS R	52 NAME	
STREET ADDRESS	#5 PINE RIDGE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BYERLY, THOMAS JAY	62 NAME	
STREET ADDRESS	1974 WARSON ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	64 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)(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: Robert M Beuerlein **Robert M. Beuerlein** 2/20/95 **(217) 528-2011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P18253 FN

#1 Franklin Square
Springfield, Illinois 62713-0001
217-528-1042
FAX 217-528-2238

The American Franklin Life Insurance Company

Robert M. Beuerlein, F.S.A.
Executive Vice President

February 20, 1995

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

Enclosed is our 1995 Corporation Annual Report with attachment along with our $200.00 check in payment of the filing fee.

Sincerely,

Robert M. Beuerlein
Executive Vice President
and Actuary

RMB . ml
Enclosures