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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P18253 (5)
1. Corporation Name
THE AMERICAN FRANKLIN LIFE INSURANCE COMPANY



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

3. Date Incorporated or Qualified 03/01/1988 3a. Date of Last Report 03/05/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 37-1106515 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 Country 29 30 Country 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

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 CD DELETE
NAME HUMPHREY, HOWARD CLARK
STREET ADDRESS RURAL ROUTE 6
CITY- ST- ZIP SPRINGFIELD IL
TITLE VD DELETE
NAME BEUERLEIN, ROBERT M
STREET ADDRESS 1604 CLEARVIEW DRIVE
CITY- ST- ZIP SPRINGFIELD IL
TITLE VSD DELETE
NAME HORVAT, STEPHEN PAUL JR
STREET ADDRESS 2012 OAK CREEK ROAD
CITY- ST- ZIP SPRINGFIELD IL
TITLE PD DELETE
NAME GIBBONS, ROBERT J.
STREET ADDRESS FRANKLIN SQUARE
CITY- ST- ZIP SPRINGFIELD IL
TITLE VT DELETE
NAME PIRMAN, JEFFREY D.
STREET ADDRESS FRANKLIN SQUARE
CITY- ST- ZIP SPRINGFIELD IL
TITLE D DELETE
NAME BYERLY, THOMAS JAY
STREET ADDRESS 1974 WARSON ROAD
CITY- ST- ZIP SPRINGFIELD IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD Change Addition
1.2 NAME Devlin, Robert M.
1.3 STREET ADDRESS Franklin Square
1.4 CITY- ST- ZIP Springfield, IL 62713
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE VSD Change Addition
3.2 NAME Friend, Ross D.
3.3 STREET ADDRESS Franklin Square
3.4 CITY- ST- ZIP Springfield, IL 62713
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 VD Change Addition
6.2 NAME Creel, Brady W.
6.3 STREET ADDRESS Franklin Square
6.4 CITY- ST- ZIP Springfield, IL 62713

14. I do 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.

SIGNATURE:

Robert M. Beuerlein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97
Date

217-528-2011
Daytime Phone #

0527900

CR2E034 (9/96)