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Secretary of State



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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18253 (5)
1. Corporation Name
THE AMERICAN FRANKLIN LIFE INSURANCE COMPANY

Principal Place of Business
FRANKLIN SQUARE
SPRINGFIELD IL 62713

Mailing Address
FRANKLIN SQUARE
SPRINGFIELD IL 62713

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 03/01/1988	
4. FEI Number 37-1106515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	12.1 NAME	1.1 TITLE	CPD
NAME	DEAN, ROBERT M	1.2 NAME	Simpson, William A.
STREET ADDRESS	FRANKLIN SQUARE	1.3 STREET ADDRESS	#1 Franklin Square
CITY-ST-ZIP	SPRINGFIELD IL	1.4 CITY-ST-ZIP	Springfield, IL 62713
TITLE	VD	2.1 TITLE	
NAME	BEUERLEIN, ROBERT M	2.2 NAME	
STREET ADDRESS	1604 CLEARVIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	V
NAME	FRIEND ROSS D	3.2 NAME	
STREET ADDRESS	FRANKLIN SQUARE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	VD
NAME	REDDICK, ROBERT X	4.2 NAME	Reddick, Gary D.
STREET ADDRESS	FRANKLIN SQUARE	4.3 STREET ADDRESS	#1 Franklin Square
CITY-ST-ZIP	SPRINGFIELD IL	4.4 CITY-ST-ZIP	Springfield, IL 62713
TITLE	VD	5.1 TITLE	VTD
NAME	BAUCOM, EARL W	5.2 NAME	Baucum, Earl W.
STREET ADDRESS	FRANKLIN SQUARE	5.3 STREET ADDRESS	#1 Franklin Square
CITY-ST-ZIP	SPRINGFIELD IL	5.4 CITY-ST-ZIP	Springfield, IL 62713
TITLE	VD	6.1 TITLE	
NAME	CREEL, BRADY W	6.2 NAME	
STREET ADDRESS	FRANKLIN SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	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.

SIGNATURE: Baucom, Earl W.

Earl W. Baucom

February 20, 1998 217-528-2011

CR25034 (10/97)