

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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90139 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P18253**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/01/1988**

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

2. Principal Place of Business

**#1 Franklin Square**

2a. Mailing Address

**#1 Franklin Square**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	CPD	<input type="checkbox"/> DELETE
NAME	SIMPSON, WILLIAM A	
STREET ADDRESS	1 FRANKLIN SQ	
CITY-ST-ZIP	SPRINGFIELD IL 62713	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BEUERLEIN, ROBERT M	
STREET ADDRESS	1604 CLEARVIEW DRIVE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRIEND ROSS D	
STREET ADDRESS	FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REDDICK, GARY D	
STREET ADDRESS	1 FRANKLIN SQ	
CITY-ST-ZIP	SPRINGFIELD IL 62713	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BAUCOM, EARL W	
STREET ADDRESS	1 FRANKLIN SQ	
CITY-ST-ZIP	SPRINGFIELD IL 62713	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CREEL, BRADY W	
STREET ADDRESS	FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Simpson, William A.	
1.3 STREET ADDRESS	#1 Franklin Square	
1.4 CITY-ST-ZIP	Springfield, IL 62713-0001	
2.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nicholson, Michael M	
2.3 STREET ADDRESS	#1 Franklin Square	
2.4 CITY-ST-ZIP	Springfield, IL 62713-0001	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Friend, Ross D.	
3.3 STREET ADDRESS	2929 Allen Parkway	
3.4 CITY-ST-ZIP	Houston, TX 77019-2155	
4.1 TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Reddick, Gary D.	
4.3 STREET ADDRESS	2929 Allen Parkway	
4.4 CITY-ST-ZIP	Houston, TX 77019-2155	
5.1 TITLE	V T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Beuerlein, Robert M.	
5.3 STREET ADDRESS	#1 Franklin Square	
5.4 CITY-ST-ZIP	Springfield, IL 62713-0001	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/24/99

Date

(217) 528-2011

Daytime Phone #

CR2E034 (11/98)