

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 195805

Entity Name: AMERICAN FIDELITY LIFE INSURANCE COMPANY**Current Principal Place of Business:**500 SO PALAFOX ST
STE 200
PENSACOLA, FL 32502**Current Mailing Address:**P. O. BOX 4847, WARRINGTON BRANCH
PENSACOLA, FL 32507 US**FEI Number:** 59-0787372**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER, VP,
DIRECTOR
Name HARRISON, CAROL B
Address 500 SO PALAFOX ST
STE 200
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name HESS, MARILYN W.
Address 500 SO PALAFOX ST
STE 200
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name MITCHELL, THOMAS E
Address PO BOX 579
City-State-Zip: BAY MINETTE AL 36507

Title PRESIDENT, DIRECTOR
Name YANCEY, JACK B
Address 500 SO PALAFOX ST
STE 200
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR, VP
Name ENDERSON, RITA E
Address 500 SO PALAFOX ST
STE 200
City-State-Zip: PENSACOLA FL 32502

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL B. HARRISONSR
VP/SECRETARY/TREASU
RER

02/10/2015

Electronic Signature of Signing Officer/Director Detail

Date