

2022 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
P O BOX 6200 (32314-6200)
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	DIRECTOR
Name	HARRISON, CAROL B
Address	200 W ROBERTS RD
City-State-Zip:	CANTONMENT FL 32533

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

Title	TREASURER
Name	WHETZEL, BRYAN S
Address	500 SO PALAFOX ST STE 200
City-State-Zip:	PENSACOLA FL 32502

Title	PRESIDENT, DIRECTOR
Name	YANCEY, JACK B
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	SECRETARY, DIRECTOR
Name	WEBB, VICKI W
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: BRYAN WHETZEL**TREASURER****02/17/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date