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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P05576

(4)

1. Corporation Name
AFBA LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

5601 BRIDGE STREET
FT.WORTH TX 76112
US

5601 BRIDGE STREET
FT.WORTH TX 76112-2306
US

3. Date Incorporated or Qualified 04/04/1985	3a. Date of Last Report 05/01/1996
4. FEI Number -72-0488910- 54-1829709	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 909 North Washington St. Suite, Apt. #, etc.	26 909 North Washington St. Suite, Apt. #, etc.
22 Suite 700 City & State	27 Suite 700 City & State
23 Alexandria, Virginia Zip Country	28 Alexandria, Virginia Zip Country
24 22314 25 U.S.A.	29 22314 30 U.S.A.

9. Name and Address of Current Registered Agent THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, ERICSON	1.2 NAME	Charles C. Blanton
STREET ADDRESS	5601 BRIDGE STREET	1.3 STREET ADDRESS	909 North Washington Street
CITY-ST-ZIP	FT. WORTH TX	1.4 CITY-ST-ZIP	Alexandria, Virginia 22314
TITLE	VPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARK, WAYNE	2.2 NAME	John A. Johnson
STREET ADDRESS	1707 CARLTON DRIVE	2.3 STREET ADDRESS	909 North Washington Street
CITY-ST-ZIP	ARLINGTON TX	2.4 CITY-ST-ZIP	Alexandria, Virginia 22314
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOL, JOY	3.2 NAME	Jeffrey C. Sandefur
STREET ADDRESS	2332 WEYBORN	3.3 STREET ADDRESS	909 North Washington Street
CITY-ST-ZIP	ARLINGTON TX	3.4 CITY-ST-ZIP	Alexandria, Virginia 22314
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, ELIZABETH	4.2 NAME	Dionne D. McNamee
STREET ADDRESS	4304 WOODMEADOW CT.	4.3 STREET ADDRESS	909 North Washington Street
CITY-ST-ZIP	ARLINGTON TX	4.4 CITY-ST-ZIP	Alexandria, Virginia 22314
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDFORD, JACK	5.2 NAME	A. Scott Dittimore
STREET ADDRESS	2145 LAKE CREST	5.3 STREET ADDRESS	909 North Washington Street
CITY-ST-ZIP	GRAPEVINE TX	5.4 CITY-ST-ZIP	Alexandria, Virginia 22314
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	James W. Moriarty
STREET ADDRESS		6.3 STREET ADDRESS	1 Old Farm Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Wellesley Hills, MA 02181

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: _____ SIGNATURE REQUIRED John A. Johnson 2/12/97 (703) 706-5975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)