


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

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

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

02-09-1999 90023 004 \*\*\*\*150.00

**DOCUMENT # P05576**  
 1. Corporation Name  
**AFBA LIFE INSURANCE COMPANY**



Principal Place of Business 909 N. WASHINGTON ST. STE 700 ALEXANDRIA VA 22231 US	Mailing Address 909 N. WASHINGTON ST. STE 700 ALEXANDRIA VA 22314 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>04/04/1985</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>54-1829709</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BLANTON, CHARLES C	
STREET ADDRESS	909 N. WASHINGTON ST	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN A.	
STREET ADDRESS	909 N. WASHINGTON ST	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	SANDEFUR, JEFFREY CC.	
STREET ADDRESS	909 N. WASHINGTON ST.	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCNAMEE, DIONNE D.	
STREET ADDRESS	909 N. WASHINGTON ST.	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	O	<input type="checkbox"/> DELETE
NAME	DITTEMORE, A. SCOTT	
STREET ADDRESS	909 N. WASHINGTON ST.	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORIARTY, JAMES W	
STREET ADDRESS	1 OLD FARM RD	
CITY-ST-ZIP	WELLESLEY HILLS MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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:** *Dionne D. McNamee* **DIONNE D. MCNAMEE, Treasurer & CFO** **1/7/99 (703) 299-5783**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)