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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **809596** **(0)**

1. Corporation Name
**AMERICAN LIBERTY INSURANCE COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 2100 RIVERCHASE CENTER<br>BUILDING 200<br>BIRMINGHAM AL 35244-1568<br>US | 2100 RIVERCHASE CENTER<br>P.O. BOX 1568<br>BIRMINGHAM AL 35201-1568<br>US |

3. Date Incorporated or Qualified: 12/21/1953
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business
21 717 MULBERRY STREET
Suite, Apt. #, etc.
22 P.O. BOX 712
City & State
23 DES MOINES, IOWA
Zip 24 50309-3872 Country 25 US

2a. Mailing Address
26 P.O. BOX 712
Suite, Apt. #, etc.
27 717 MULBERRY STREET
City & State
28 DES MOINES, IOWA
Zip 29 50303-0712 Country 30 US

4. FEI Number: 63-0329091 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
FULLER & JOHNSON, ATTYS AT LAW
111 N. CALHOUN STREET
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent
81 Name: SMITH, FLORENCE
82 Street Address (P.O. Box Number is Not Acceptable): FLOMACK INSURANCE
83 114 PALMETTO STREET, SUITE 8
84 City: DESTIN FL 85 Zip Code: 32541

X 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: Florence C. Smith — 4/5/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>FROEDGE, O.L.<br>2100 RIVERCHASE CENTER<br>BIRMINGHAM AL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | C<br>KELLEY, BRUCE G.<br>717 MULBERRY STREET<br>DES MOINES, IA 50309 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>KELLEY, JOHN R<br>2100 RIVERCHASE CENTER<br>BIRMINGHAM AL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | P/T/D<br>KELLEY, JOHN R.<br>2100 RIVERCHASE CENTER<br>BIRMINGHAM, AL 35244 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BROOKS, J.M.<br>2100 RIVERCHASE CENTER<br>BIRMINGHAM AL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | V/D<br>SCHIEK, FREDRICK A.<br>717 MULBERRY STREET<br>DES MOINES, IOWA 50309 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BEADLES, R J<br>2100 RIVERCHASE CENTER<br>BIRMINGHAM AL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | V/S/D<br>BEADLES, RAE J.<br>2100 RIVERCHASE CENTER<br>BIRMINGHAM, AL 35244 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | V/D<br>REESE, MARK E.<br>717 MULBERRY STREET<br>~~DES MOINES, IA 50309~~ | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | V/D<br>DAVIS, RAYMOND W.<br>717 MULBERRY STREET<br>DES MOINES, IOWA 50309 | ☐ Change ☒ Addition |

CR2E034 (9/96)

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:** , VICE PRESIDENT — MARCH 4, 1997 — (515) 280-2902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK REESE

0475675

American Liberty Insurance Company

Filing of Annual Report

1997

Officers

| Name | Title | Resident Address |
|---|---|---|
| John R. Kelley | Vice Chairman/President Treasurer & COO | 2100 Riverchase Center Birmingham, AL 35244 |
| Rae J. Beadles | Vice President and Secretary | 2100 Riverchase Center Birmingham, AL 35244 |
| Fredrick A. Schiek | Executive Vice President | 717 Mulberry Street Des Moines, IA 50309 |
| Raymond W. Davis | Vice President | 717 Mulberry Street Des Moines, IA 50309 |
| David L. Hixenbaugh | Vice President | 717 Mulberry Street Des Moines, IA 50309 |
| Ronald W. Jean | Vice President | 717 Mulberry Street Des Moines, IA 50309 |
| David O. Narigon | Vice President | 717 Mulberry Street Des Moines, IA 50309 |
| Mark E. Reese | Vice President and Controller | 717 Mulberry Street Des Moines, IA 50309 |

Directors

| Name | Resident Addresses | |
|---|---|---|
| Bruce G. Kelley | 717 Mulberry Street | Des Moines, IA 50309 |
| John R. Kelley | 2100 Riverchase Center | Birmingham, AL 35244 |
| Rae J. Beadles | 2100 Riverchase Center | Birmingham, AL 35244 |
| Raymond W. Davis | 717 Mulberry Street | Des Moines, IA 50309 |
| Mark E. Reese | 717 Mulberry Street | Des Moines, IA 50309 |
| Fredrick A. Schiek | 717 Mulberry Street | Des Moines, IA 50309 |
| Marcus T. Schudel II | 2100 Riverchase Center | Birmingham, AL 35244 |