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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
717 MULBERRY ST P.O BOX 712 DES MOINES IO 50309-3872 US	P.O BOX 712 717 MULBERRY ST DES MOINES IO 50303-0712 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/21/1953

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name: Insurance Commissioner
82 Street Address (P.O. Box Number is Not Acceptable): The Capitol Building
83: 200 E. Gaines Street
84 City: Tallahassee **FL** 85 Zip Code: 32399

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
Signature, typed or printed name of registered agent and title if applicable

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

CR2E034 (10/97)

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.

Mark Reese