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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 809596

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

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

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 63-0329091 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL BUILDING
200E GAINES ST
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	CD	☒ 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	PTP	☒ 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	VS	☒ 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 (11/98)

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: Carla A. Prather ASST. V.P.-CONTROLLER (515)280-2789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CARLA A. PRATHER 1-5-99

MARK REESE VICE PRESIDENT-CFO 3-23-99 (515)280-2902