FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 838805 (0)

1. Corporation Name
AMERICAN CHAMBERS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1805 HIGH POINT DRIVE NAPERVILLE IL 60563	1805 HIGH POINT DRIVE NAPERVILLE IL 60563

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1977
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 34-1184218 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24: County 25:
Zip 29: County 30:
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMAS GALLAGHER, STATE OF FLORIDA
INSURANCE COMMISSIONER
200 EAST GAINES ST. - LARSON BUILDING
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MATHIAS, RICHARD L	1.2 NAME	
STREET ADDRESS	1805 HIGH POINT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	BORLAND, WILLIAM K.	2.2 NAME	
STREET ADDRESS	1805 HIGH POINT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BYRD, THERESA L.	3.2 NAME	
STREET ADDRESS	1805 HIGH POINT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL 60563	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, DEBRA J.	4.2 NAME	
STREET ADDRESS	1805 HIGH POINT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL 60563	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	☐ Change ☐ Addition
NAME	RYBAK, MICHAEL L.	5.2 NAME	
STREET ADDRESS	1805 HIGH POINT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	5.4 CITY-ST-ZIP	
TITLE	VA	6.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, BRUCE A.	6.2 NAME	
STREET ADDRESS	1805 HIGH POINT DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Michael L. Rybak April 17, 1995 (708) 505-3100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0477444 FP

859305

American Chambers Life Insurance Co.

ADDITIONAL OFFICERS

V
William R. Floyd
1805 High Point Drive
Naperville, IL 60563

V
Gale L. Jacobson
1805 High Point Drive
Naperville, IL 60563

V
Steven C. Meitzen
1805 High Point Drive
Naperville, IL 60563

D
Lorene D. Kuhns
1805 High Point Drive
Naperville, IL 60563

D
Carl E. Meitzen
1805 High Point
Naperville, IL 60563

FLA-O&D

1805 High Point Drive
Naperville, Illinois 60563
(708) 505-3100