

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838805 (0)
 1. Corporation Name
AMERICAN CHAMBERS LIFE INSURANCE COMPANY



Principal Place of Business 1805 HIGH POINT DRIVE NAPERVILLE IL 60563	Mailing Address 1805 HIGH POINT DRIVE NAPERVILLE IL 60563
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/20/1977	
4. FEI Number 34-1184218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
	FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSH, JEREMIAH	1.2 NAME	SAWICZ, THOMAS T
STREET ADDRESS	1805 HIGH POINT DRIVE	1.3 STREET ADDRESS	1805 High Point Drive
CITY-ST-ZIP	NAPERVILLE IL	1.4 CITY-ST-ZIP	Naperville, IL 60563-9375
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHIAS, RICHARD L	2.2 NAME	GOLDSTEIN, BRADLEY J
STREET ADDRESS	1805 HIGH POINT DR.	2.3 STREET ADDRESS	1805 High Point Drive
CITY-ST-ZIP	NAPERVILLE IL	2.4 CITY-ST-ZIP	Naperville, IL 60563-9375
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRD, THERESA L.	3.2 NAME	MEITZEN, GAYLIA R
STREET ADDRESS	1805 HIGH POINT DRIVE	3.3 STREET ADDRESS	1805 High Point Drive
CITY-ST-ZIP	NAPERVILLE IL 60563	3.4 CITY-ST-ZIP	Naperville, IL 60563-9375
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	T <input type="checkbox"/> DELETE	5.1 TITLE	ASST. T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEDINAK, DAVID A	5.2 NAME	YEDINAK, DAVID A
STREET ADDRESS	1805 HIGH POINT DR	5.3 STREET ADDRESS	1805 High Point Drive
CITY-ST-ZIP	NAPERVILLE IL	5.4 CITY-ST-ZIP	Naperville, IL 60563-9375
TITLE	VA <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 _____ DATE **4/2/08** 630-

CR2E034 (10/97)