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PROFIT CORPORATION ANNUAL REPORT



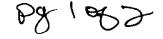
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

857832 DOCUMENT # 1. Corporation Name

(0)



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FLORIDA NSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 Page 1		9. Name and Address of Current		- 1551				-	nl	
### CAPTOL BLDG. TALLAHASSEE FL 32301 ### City					81 Na	ne				
TALLAHASSEE FL 32301 83 84 City FL 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, floods Statutes, the above named corporation submits this statement for the purpose of changing or registered agent, or both, in the State of Floral. Such charge was authorized by the corporation's board of directors. Thereby accept the appointment disligation of the purpose of changing or registered agent, or both, and accept the edopathonis of Sections (60.00), 670, 670, 670, 670, 670, 670, 670, 670					82 Str	eet Addres	Address (P.O. Box Number is Not Acceptable)			
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TILE VD NAME JOHNSON, WILLIAM B. 475 METRO PL N DUBLIN OH DU										
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floods Statutes, the above named corporation submits this statement for the purpose of changing or registered agent, or both, in the State of River in Such changing with, and accept the deligations of Section 607.0505, Floods Statutes, the corporation's board of decitors. Thereby accept the appointment as registered agent, or both, in the State of River in Such changes as althorized by the corporation's board of decitors. Thereby accept the appointment as registered agent, or both, in the State of River in Such changes as a statutes. SIGNATURE Space building expression of the purpose of changing from the purpose of								 1	1	Code
Time	TOTAL TELLI, C	he provisions of Sections 607.0502 a agent, or both, in the State of Floridi and accept trip obligations of, Section	and 607.1508, Florida Statub i Sach change was authoriz ri 607.0506, Fronda Statutes	es, the aboved by the co	e name orporatio	f corporat n's board	fion submits this statement for the pui i of directors. I hereby accept the app	rpose of changir ointment as regi	ig its reg stered a	istered office gent. I am
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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)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 coproduction or the roce are 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 in this grad or participated or authorized an address.

ROBERT L. COPELAND

4/22/96

614/764-7000

Bagneting of price or process.

SIGNATURE:

Pg 282

ACCELERATION LIFE INSURANCE COMPANY OFFICERS AND/OR DIRECTORS

BUSINESS ADDRESS:

475 METRO PLACE NORTH, DUBLIN, OH 43017

	<u>OFFICER</u>	TITLE
D)	Nicholas Z. Alexander	Sr. Vice Pres/Secretary
D)	Douglas J. Coats	
D)	Robert L. Copeland	Vice President
D)	Sharon A. Copeland	Assistant Vice President
D)	Thomas H. Friedberg	Chairman/President/CEO
D)	Larry L. Main	Senior Vice President
D)	Julie A. Messing	Assistant Vice President
D)	Kurt L. Mueller	Vice President & Controller
D)	Alan M. Weiner	Vice President & Treasurer

D) Indicates Director