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FILED
May 13 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 # **857832** **(0)**

1. Corporation Name
ACCELERATION LIFE INSURANCE COMPANY

Principal Place of Business
475 METRO PLACE NORTH
P O BOX 7000
DUBLIN OH 43017

Mailing Address
475 METRO PLACE NORTH
P O BOX 7000
DUBLIN OH 43017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1983

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

4. FEI Number
31-0835312
☐ 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
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	☒ DELETE
NAME	FRIEDBERG, THOMAS H	
STREET ADDRESS	475 METRO PLACE NORTH	
CITY-ST-ZIP	DUBLIN OH	
TITLE	SVD	☒ DELETE
NAME	ALEXANDER, NICHOLAS Z.	
STREET ADDRESS	475 METRO PL	
CITY-ST-ZIP	DUBLIN OH	
TITLE	DVP	☐ DELETE
NAME	COPELAND, ROBERT L	
STREET ADDRESS	3297 KIRKHAM RD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VTD	☐ DELETE
NAME	MUELLER, KURT L.	
STREET ADDRESS	475 METRO PL N	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VD	☒ DELETE
NAME	MAIN, LARRY L	
STREET ADDRESS	475 METRO PL	
CITY-ST-ZIP	DUBLIN OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	ROLAND G. ANDERSON	
1.3 STREET ADDRESS	475 METRO PLACE N., SUITE 100	
1.4 CITY-ST-ZIP	DUBLIN, OH 43017	
2.1 TITLE	S/D	☐ Change ☒ Addition
2.2 NAME	RICHARD C. HACKETT	
2.3 STREET ADDRESS	475 METRO PLACE N., SUITE 100	
2.4 CITY-ST-ZIP	DUBLIN, OH 43017	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/D	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V/T	☐ Change ☒ Addition
5.2 NAME	Gregg O. CARIOLANO	
5.3 STREET ADDRESS	475 METRO PLACE N., SUITE 100	
5.4 CITY-ST-ZIP	DUBLIN, OH 43017	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Kurt L. Mueller 4/24/98

CR2E034 (10/97)