

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:17

DOCUMENT # P00100 (8)
1. Corporation Name
AMERICAN GUARDIAN LIFE ASSURANCE COMPANY

Principal Place of Business Mailing Address
900 HARVEST DR STE 200 900 HARVEST DR STE 200
P.O. BOX 875 P.O. BOX 875
BLUE BELL PA 19422 BLUE BELL PA 19422

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1983	3a. Date of Last Report 01/26/1994
21	25		4. FEI Number 52-0795747		Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	Country	29 Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				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 of agent) (Date Registered Agent Signature required when new/step)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWE, ROBERT M	1.2 NAME	
STREET ADDRESS	225 RAVENSCLIFF	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST DAVIDS PA	1.4 CITY - ST - ZIP	19087
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLMAN, JOHN K	2.2 NAME	
STREET ADDRESS	1406 UXBRIDGE WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	N WALES PA	2.4 CITY - ST - ZIP	19454
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, JOHN R.	3.2 NAME	
STREET ADDRESS	5220 IVYSTREAM RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HATBORO PA	3.4 CITY - ST - ZIP	19040
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARE, JOHN W.	4.2 NAME	
STREET ADDRESS	394 DERRY DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	ASTON PA	4.4 CITY - ST - ZIP	19014
TITLE	VC	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, PEGGY A	5.2 NAME	
STREET ADDRESS	70 TWIN BROOKS DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	WILLOW GROVE PA	5.4 CITY - ST - ZIP	19090
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULEK, PAUL J.	6.2 NAME	
STREET ADDRESS	157 EDGE LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	WILLINGBORO NJ	6.4 CITY - ST - ZIP	08046

14. I do hereby certify that the information furnished in this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(2)(b), Florida Statutes. I further certify that the information included 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report; and that I am most with an address:

SIGNATURE: *Robert M. Howe* Robert M. HOWE 1/13/95 215/643-6400
(Signature typed or printed name of signing officer on election)

AMERICAN GUARDIAN LIFE ASSURANCE COMPANY
Attachment to 1995 CORPORATION ANNUAL REPORT

12 OFFICERS AND DIRECTORS (continued)

TITLE	S
NAME	SCHREIBER, GEORGE J
STREET ADDRESS	308 HAINES DR
CITY-ST-ZIP	NORTH WALES, PA 19454
TITLE	D
NAME	HOWE, TIMOTHY F
STREET ADDRESS	235 W 102nd ST
CITY-ST-ZIP	NEW YORK, NY 10025
TITLE	D
NAME	GUZZARDI, LAWRENCE J
STREET ADDRESS	341 CRESTON RD
CITY-ST-ZIP	YORK, PA 17403
TITLE	D
NAME	RAFFERTY, RAYMOND R
STREET ADDRESS	64 ROSEMONT AVE
CITY-ST-ZIP	ROSEMONT, PA 19010