

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P00100 (8)**

1. Corporation Name  
**AMERICAN GUARDIAN LIFE ASSURANCE COMPANY**



Principal Place of Business: **960 HARVEST DR STE 200 P.O. BOX 875 BLUE BELL PA 19422**  
Mailing Address: **960 HARVEST DR STE 200 P.O. BOX 875 BLUE BELL PA 19422**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/02/1983</b>	3a. Date of Last Report <b>02/14/1995</b>
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.	4. FEI Number <b>52-0795747</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	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			
<b>FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	<b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>VC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>HOWE, ROBERT M</b>		1.2 NAME	<b>CHICHESTER, RICHARD L</b>			
STREET ADDRESS	<b>225 RAVENSCLIFF</b>		1.3 STREET ADDRESS	<b>161 N CLINTON ST</b>			
CITY-ST-ZIP	<b>ST DAVIDS PA</b>		1.4 CITY-ST-ZIP	<b>DOYLESTOWN, PA</b>			
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HILLMAN, JOHN K</b>		2.2 NAME	<b>HILLMAN, JOHN K</b>			
STREET ADDRESS	<b>1406 UXBRIDGE WAY</b>		2.3 STREET ADDRESS	<b>775 MORRIS RD</b>			
CITY-ST-ZIP	<b>N WALES PA</b>		2.4 CITY-ST-ZIP	<b>BLUE BELL, PA</b>			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>VSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>WHITE, JOHN R.</b>		3.2 NAME	<b>WHITE, ALAN S</b>			
STREET ADDRESS	<b>5220 IVYSTREAM RD.</b>		3.3 STREET ADDRESS	<b>666 W. GERMANTOWN PIKE</b>			
CITY-ST-ZIP	<b>HATBORO PA</b>		3.4 CITY-ST-ZIP	<b>PLYMOUTH MEETING, PA</b>			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>WARE, JOHN W.</b>		4.2 NAME	<b>SAWYER, FREDERICK W III</b>			
STREET ADDRESS	<b>394 DERRY DR</b>		4.3 STREET ADDRESS	<b>8 SACHEM DR</b>			
CITY-ST-ZIP	<b>ASTON PA</b>		4.4 CITY-ST-ZIP	<b>GLASTONBURY, CT</b>			
TITLE	<b>VC</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WALKER, PEGGY A</b>		5.2 NAME				
STREET ADDRESS	<b>70 TWIN BROOKS DR</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>WILLOW GROVE PA</b>		5.4 CITY-ST-ZIP				
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SULEK, PAUL J.</b>		6.2 NAME				
STREET ADDRESS	<b>157 EDGE LANE</b>		6.3 STREET ADDRESS				
CITY-ST-ZIP	<b>WILLINGBORO NJ</b>		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)(k), 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 its 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 to an address.

SIGNATURE: *[Signature]* 1/22/96 215/643-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

**AMERICAN GUARDIAN LIFE ASSURANCE COMPANY**  
 Attachment to 1996 CORPORATION ANNUAL REPORT

12 OFFICERS AND DIRECTORS (continued)	
TITLE	D
NAME	HOWE, TIMOTHY F
STREET ADDRESS	235 W 102nd ST
CITY-ST-ZIP	NEW YORK, NY
TITLE	D
NAME	GUZZARDI, LAWRENCE J
STREET ADDRESS	341 CRESTON RD
CITY-ST-ZIP	YORK, PA
TITLE	D
NAME	RAFFERTY, RAYMOND R
STREET ADDRESS	64 ROSEMONT AVE
CITY-ST-ZIP	ROSEMONT, PA
TITLE	S (See *NOTE below)
NAME	SCHREIBER, GEORGE J
STREET ADDRESS	308 HAINES DR
CITY-ST-ZIP	N WALES, PA

DELETE

*\*NOTE: Mr. Schreiber's name was on our 1995 attachment list, but does not show in #12 in your 1996 report.*