

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

FILED
Jul 16 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 # P00100 (8)
 1. Corporation Name
AGL LIFE ASSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 900 HARVEST DR P.O. BOX 875 BLUE BELL PA 19422 US	Mailing Address 900 HARVEST DR STE 200 P.O. BOX 875 BLUE BELL PA 19422
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3. Date Incorporated or Qualified
12/02/1983

2. Principal Place of Business 21 980 Harvest Drive Suite, Apt. #, etc. 22 Suite # 200 City & State 23 Blue Bell, PA Zip 24 19422	Country 25 USA	2a. Mailing Address 26 8801 Indian Hills Drive Suite, Apt. #, etc. 27 City & State 28 Omaha, NE Zip 29 68114	Country 30 USA
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4. FEI Number
52-0795747 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fees 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 BUILDING
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOWE, ROBERT M	
STREET ADDRESS	225 RAVENSCLIFF	
CITY-ST-ZIP	ST DAVIDS PA	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	HILLMAN, JOHN K	
STREET ADDRESS	1406 UXBRIDGE WAY	
CITY-ST-ZIP	N WALES PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, JOHN R.	
STREET ADDRESS	5220 MYSTREAM RD.	
CITY-ST-ZIP	HATBORO PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WARE, JOHN W.	
STREET ADDRESS	394 DERRY DR	
CITY-ST-ZIP	ASTON PA	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	CHICHESTER, RICHARD L.	
STREET ADDRESS	161 N. CLINTON ST.	
CITY-ST-ZIP	DOYLESTOWN PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SULEK, PAUL J.	
STREET ADDRESS	157 EDGE LANE	
CITY-ST-ZIP	WILLINGBORO NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SEE ATTACHED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)

AGL LIFE ASSURANCE COMPANY

Officers:

Hillman, John K.:

Principal Occupation: President and Chief Executive Officer

Business Address: 980 Harvest Drive, Suite 200
Blue Bell, PA 19422

Residence Address: 775 Morris Road
Blue Bell, PA 19422

Social Security No.: 176-52-3135 **Birthday:** 9-18-59

Keim, Kent:

Principal Occupation: Director - Financial Reporting and Analysis

Business Address: 980 Harvest Drive, Suite 200
Blue Bell, PA 19422

Residence Address: 115 Dudley Avenue
Narberth, PA 19072

Social Security No.: 199-64-3079 **Birthday:** 3-14-70

Oberlies, Susan:

Principal Occupation: Vice President, Asst. General Counsel and Asst. Secretary

Business Address: 980 Harvest Drive, Suite 200
Blue Bell, PA 19422

Residence Address: 439 Abington Avenue
Glenside, PA 19038

Social Security No.: 185-48-9972 **Birthday:** 10-10-64

Sulek, Paul J.:

Principal Occupation: Vice President - Operations

Business Address: 980 Harvest Drive, Suite 200
Blue Bell, PA 19422

Residence Address: 157 Edge Lane
Willingboro, NJ 08046

Social Security No.: 560-60-5472 Birthday: 2-28-44

Ware, John:

Principal Occupation: Vice President - Operations

Business Address: 980 Harvest Drive, Suite 200
Blue Bell, PA 19422

Residence Address: 394 Derry Drive
Aston, PA 19014

Social Security No.: 159-46-1368 Birthday: 1-14-54

White, John R.:

Principal Occupation: Vice President - Marketing

Business Address: 980 Harvest Drive, Suite 200
Blue Bell, PA 19422

Residence Address: 5220 Ivystream Road
Hatboro, PA 19040

Social Security No.: 183-42-6181 Birthday: 5-15-51

Spellman, Richard A.

Principal Occupation: Senior Vice President, General Counsel and Secretary

Business Address: 8801 Indian Hills Drive
Omaha, NE 68114-4066

Residence Address: 705 North 57 Avenue
Omaha, NE 68114

Social Security No.: 559-58-9424 Birthday: 10-3-42

Bomberger, David L.:

Principal Occupation: Treasurer

Business Address: 8801 Indian Hills Drive
Omaha, NE 68114-4066

Residence Address: 15265 Pepperwood Drive
Omaha, NE

Social Security No.: 505-80-7030 Birthday: 4-1-55

Burch, John:

Principal Occupation: Finance Vice President

Business Address: 8801 Indian Hills Drive
Omaha, NE 68114-4066

Residence Address: 3608 South 102nd Street
Omaha, NE 68114

Social Security No.: 486-46-2628 Birthday: 3-26-42

Cunningham, Charles D.:

Principal Occupation: Vice President - Law

Business Address: 8801 Indian Hills Drive
Omaha, NE 68114-4066

Residence Address: 2103 Brookside Avenue
Omaha, NE 68124

Social Security No.: 540-58-3764 Birthday: 2-14-60

AGL LIFE ASSURANCE COMPANY

Directors:

Bates, Robert D.:

Business Address: 8801 Indian Hills Drive
Omaha, NE 68114-4066

Residence Address: 8910 Douglas Court
Omaha, NE

Social Security No.: 492-40-5613 Birthday: 9-12-41

Gardner, J.D. "Wayne":

Business Address: 8801 Indian Hills Drive
Omaha, NE 68114-4066

Residence Address: 6052½ Country Club Oaks Place
Omaha, NE 68152

Social Security No.: 418-64-7203 Birthday: 7-24-47

Cooley, Theodore C.:

Business Address: 8801 Indian Hills Drive
Omaha, NE 68114-4066

Residence Address: 1615 South 189th Street
Omaha, NE

Social Security No.: 229-52-0020 Birthday: 6-11-41

Rezniak, Bernard W.:

Business Address: 8801 Indian Hills Drive
Omaha, NE 68114-4066

Residence Address: 14341 Hamilton Street
Omaha, NE

Social Security No.: 505-42-5264 Birthday: 12-7-36

Scribante, A.J.:

Business Address: 8801 Indian Hills Drive
Omaha, NE 68114-4066

Residence Address: 401 Fairacres Road
Omaha, NE

Social Security No.: 515-22-4134 Birthday: 1-7-30

Welsh, William F. II:

Business Address: 8801 Indian Hills Drive
Omaha, NE 68114-4066

Residence Address: 21917 Quail Ridge Drive
Elkhorn, NE

Social Security No.: 448-40-6446 Birthday: 8-14-41

Hillman, John K.:

Business Address: 980 Harvest Drive, Suite 200
Blue Bell, PA 19422

Residence Address: 775 Morris Road
Blue Bell, PA 19422

Social Security No.: 176-52-3135 Birthday: 9-18-59