

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

*CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P01388 (8)

1. Corporation Name

AMERICAN SERVICE LIFE INSURANCE COMPANY

Principal Place of Business

200 BAILEY
FT. WORTH TX 76107

Mailing Address

PO BOX 9053
FT. WORTH TX 76147
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/28/1984

3a. Date of Last Report
03/08/1994

4. FEI Number

75-1296086

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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 the corporation

(831E Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JONES, RICHARD H
STREET ADDRESS	200 BAILEY
CITY- ST- ZIP	FORT WORTH TX 76107
TITLE	DV
NAME	RENTSCH, RICHARD E.
STREET ADDRESS	200 BAILEY
CITY- ST- ZIP	FT. WORTH TX
TITLE	D
NAME	HERTIK, PHILIP
STREET ADDRESS	200 BAILEY
CITY- ST- ZIP	FT. WORTH TX
TITLE	S
NAME	HAGAN, DANIEL F.
STREET ADDRESS	200 BAILEY
CITY- ST- ZIP	FORT WORTH TX
TITLE	TD
NAME	MAYS, ROBERT C.
STREET ADDRESS	200 BAILEY
CITY- ST- ZIP	FT. WORTH TX
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	S
4.3 STREET ADDRESS	Smith, Shirley R.
4.4 CITY- ST- ZIP	200 Bailey Fort Worth TX
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 and, if on an addition with an address.

SIGNATURE:

Robert C. Mays

Robert C. Mays

2/24/95

817/870-2980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #