FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03785** **(3)**

1. Corporation Name

AMERICAN PHYSICIANS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
13515 YARMOUTH DR.N.W. P.O.BOX 261 PICKERINGTON OH 43147	13515 YARMOUTH DR.N.W. P.O.BOX 261 PICKERINGTON OH 43147

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/22/1984	3a. Date of Last Report: 04/22/1994

2. Principal Place of Business 21 13515 Yarmouth Dr., NW	2a. Mailing Address 26 13515 Yarmouth Dr., NW
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P O Box 1449
City & State 23 Pickerington, OH	City & State 28 Columbus, OH
Zip / County 24 43147 / 25	Zip / Country 29 43216-1449 / 30

4. FEI Number: 31-0935772 ☐ 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

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	V/T	☒ Change ☐ Addition
NAME	BARRINGTON, GEORGE T	1.2 NAME	Hartley, Loman H	
STREET ADDRESS	13515 YARMOUTH DR.,N.W.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PICKERINGTON OH	1.4 CITY-ST-ZIP		
TITLE	PT	2.1 TITLE	P	☒ Change ☐ Addition
NAME	SHARPE, RICHARD H.	2.2 NAME		
STREET ADDRESS	13515 YARMOUTH DR.,N.W.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PICKERINGTON OH	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	MOSIER, JAMES F.	3.2 NAME		
STREET ADDRESS	13515 YARMOUTH DR.,N.W.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PICKERINGTON OH	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ALBERS, JOHN E MD	4.2 NAME		
STREET ADDRESS	13515 YARMOUTH DR NW	4.3 STREET ADDRESS		
CITY-ST-ZIP	PICKERINGTON OH	4.4 CITY-ST-ZIP		
TITLE	C	5.1 TITLE		☐ Change ☐ Addition
NAME	RUPPERT, RICHARD D. MD.	5.2 NAME		
STREET ADDRESS	13515 YARMOUTH DR.,N.W.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PICKERINGTON OH	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	V	☐ Change ☒ Addition
NAME		6.2 NAME	Domijan, Joyce M	
STREET ADDRESS		6.3 STREET ADDRESS	13515 Yarmouth Dr., NW	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pickerington, OH 43147	

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)(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: Loman Hartley 4/17/95 (614) 864-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486083 FN

P03785

Additional Vice President

7.1 V
7.2 Bates, Thomas R
7.3 13515 Yarmouth Dr., NW
7.4 Pickerington, OH 43147