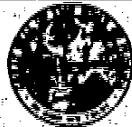


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001540533
07/13/95-01102-014
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P04939
1. Corporation Name
Assured Security Life Insurance Company, Inc.

Principal Place of Business
440 Mt Rushmore Road
P.O. Box 1736
Rapid City, SD
57709

Mailing Address
440 Mt Rushmore Road
P.O. Box 1736
Rapid City, SD
57709

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2760189		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State		City & State				<input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip		Country		Zip		Country			

3. Date Incorporated or Qualified	3a. Date of Last Report
5/12/78	
Applied For	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>

9. Name and Address of Current Registered Agent

The Florida Insurance Commissioner
The Capitol Building
Tallahassee, FL 33433

10. Name and Address of Now Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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 resigning)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Thomas Rakich	
1.3 STREET ADDRESS	640 Lee Road, Suite 303	
1.4 CITY - ST - ZIP	Wayne, PA 19087	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Allen Streetman	
2.3 STREET ADDRESS	1255 Roberts Blvd, Suite 206	
2.4 CITY - ST - ZIP	Kennesaw, GA 30155	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Edward Wade	
3.3 STREET ADDRESS	440 Mt Rushmore Road	
3.4 CITY - ST - ZIP	Rapid City, SD 57701	
4.1 TITLE	T/D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bernhard Michael Koch	
4.3 STREET ADDRESS	640 Lee Road, Suite 303	
4.4 CITY - ST - ZIP	Wayne, PA 19087	
5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Winston Bickett	
5.3 STREET ADDRESS	440 Mt Rushmore Road	
5.4 CITY - ST - ZIP	Rapid City, SD 57701	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William Thomas Gaynor, Jr	
6.3 STREET ADDRESS	440 Mt Rushmore Road	
6.4 CITY - ST - ZIP	Rapid City, SD 57701	

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 if changed, or on an attachment with an address.

SIGNATURE:  John E. Wade June 28, 1995 (605)348-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits 1 thru 2