

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P04939 (5)

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 US  
Mailing Address: 440 MT. RUSHMORE ROAD, P.O. BOX 1736, RAPID CITY SD 57709 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) details including Suite, Apt #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 02/08/1985  
3a. Date of Last Report: 07/13/1995  
4. FEI Number: 59-2760189  
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: FLORIDA INSURANCE COMMISSIONER, THE CAPITOL, TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, State (FL), and 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 title if applicable. (If only Registered Agent signature required after registration, DATE)

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	RAKICH, ROBERT THOMAS	
STREET ADDRESS	640 LEE ROAD SUITE 303	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STREETMAN, JOHN ALLEN	
STREET ADDRESS	1255 ROBERTS BLVD SUITE 206	
CITY-ST-ZIP	KENNESAW GA 30155	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WADE, JOHN EDWARD	
STREET ADDRESS	440 MT. RUSHMORE ROAD	
CITY-ST-ZIP	RAPID CITY SD 57709	
TITLE	TDV	<input checked="" type="checkbox"/> DELETE
NAME	KOCH, BERNHARD M.	
STREET ADDRESS	440 MT. RUSHMORE ROAD	
CITY-ST-ZIP	RAPID CITY SD 57709	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BICKETT, ROBERT W	
STREET ADDRESS	440 MT. RUSHMORE ROAD	
CITY-ST-ZIP	RAPID CITY SD 57709	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GAYNOR JR., WILLIAM T	
STREET ADDRESS	440 MT. RUSHMORE ROAD	
CITY-ST-ZIP	RAPID CITY SD 57709	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey S. Tate	
1.3 STREET ADDRESS	250 East Fifth Street	
1.4 CITY-ST-ZIP	Cincinnati, Ohio 45201	
2.1 TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John A. Streetman	
2.3 STREET ADDRESS	1201 Roberts Boulevard, Suite 240	
2.4 CITY-ST-ZIP	Kennesaw, Georgia 30144	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Craig A. Yopp	
3.3 STREET ADDRESS	440 Mt. Rushmore Road	
3.4 CITY-ST-ZIP	Rapid City, South Dakota 57701	
4.1 TITLE	Secretary & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William T. Gaynor, Jr.	
4.3 STREET ADDRESS	440 Mt. Rushmore Road	
4.4 CITY-ST-ZIP	Rapid City, South Dakota 57701	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William T. Gaynor, Jr.* William T. Gaynor, Jr. JUN 11 1996 605-348-1262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Daytime Phone #

CR2E034 (3/96)