

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

FILED
Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 57709-1736 US
--	---

3. Date Incorporated or Qualified 02/08/1985	3a. Date of Last Report 06/18/1996
4. FEI Number 59-2760189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
--	---

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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C TATE, JEFFREY S 250 EAST FIFTH ST CINCINNATI OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STREETMAN, JOHN ALLEN 1201 ROBERTS BLVD STE 240 KENNESAW GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WADE, JOHN EDWARD 440 MT. RUSHMORE ROAD RAPID CITY SD 57709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YOPP, CRAIG A 440 MT RUSHMORE RD RAPID CITY SD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BICKETT, ROBERT W 440 MT. RUSHMORE ROAD RAPID CITY SD 57709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GAYNOR JR., WILLIAM T 440 MT. RUSHMORE ROAD RAPID CITY SD 57709

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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, or on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: **(605) 348-1262**

CR2E034 (9/96)