

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

FILED

**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PO4939
1. Corporation Name
Assured Security Life Insurance Company, Inc.

Principal Place of Business 440 Mt. Rushmore Road Rapid City, SD 57701 U.S.A.	Mailing Address P.O. Box 1736 Rapid City, SD 57709-1736 U.S.A.
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2760189	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Date Incorporated or Qualified 2/08/85	3a. Date of Last Report 6/11/96
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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
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 officer 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's signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	Jeffrey S. Tate
STREET ADDRESS	250 East Fifth Street
CITY-ST-ZIP	Cincinnati, OH 45201
TITLE	PD <input type="checkbox"/> DELETE
NAME	John A. Streetman
STREET ADDRESS	1201 Roberts Boulevard, Suite 240
CITY-ST-ZIP	Kennesaw, GA 30144
TITLE	VD <input type="checkbox"/> DELETE
NAME	John E. Wade
STREET ADDRESS	440 Mt. Rushmore Road
CITY-ST-ZIP	Rapid City, SD 57701
TITLE	VD <input type="checkbox"/> DELETE
NAME	Robert W. Bickett
STREET ADDRESS	440 Mt. Rushmore Road
CITY-ST-ZIP	Rapid City, SD 57701
TITLE	SD <input type="checkbox"/> DELETE
NAME	William T. Gaynor, Jr.
STREET ADDRESS	440 Mt. Rushmore Road
CITY-ST-ZIP	Rapid City, SD 57701
TITLE	T <input type="checkbox"/> DELETE
NAME	Craig A. Yopp
STREET ADDRESS	440 Mt. Rushmore Road
CITY-ST-ZIP	Rapid City, SD 57701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

PK 4-22-97

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***165.00**

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 included 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: *W. T. Tate* **4/22/97** **605-348-1262**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)