

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
25 Country	30 Country

3. Date Incorporated or Qualified 02/08/1985	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	TATE, JEFFREY S	
STREET ADDRESS	250 EAST FIFTH ST	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STREETMAN, JOHN ALLEN	
STREET ADDRESS	1201 ROBERTS BLVD STE 240	
CITY-ST-ZIP	KENNESAW GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WADE, JOHN EDWARD	
STREET ADDRESS	440 MT. RUSHMORE ROAD	
CITY-ST-ZIP	RAPID CITY SD 57709	
TITLE	T	<input type="checkbox"/> DELETE
NAME	YOPP, CRAIG A	
STREET ADDRESS	440 MT RUSHMORE RD	
CITY-ST-ZIP	RAPID CITY SD	
TITLE	VD	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 *[Signature]* **William T. Gaynor, Jr.** 2/13/98 605-348-1262

CR2E034 (10/97)