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**May 04, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P04939**

1. Corporation Name  
**AMERICAN RETIREMENT LIFE INSURANCE COMPANY**



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/08/1985**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-2760189**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

**250 E. Fifth Street**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State

City & State  
**Cincinnati, OH**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country

Zip Country  
**45202 Hamilton**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**TALLAHASSEE FL 32301**

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 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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **C TATE, JEFFREY S**  
 STREET ADDRESS **250 EAST FIFTH ST**  
 CITY-ST-ZIP **CINCINNATI OH**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **PD STREETMAN, JOHN ALLEN**  
 STREET ADDRESS **1201 ROBERTS BLVD STE 240**  
 CITY-ST-ZIP **KENNESAW GA**

2.1 TITLE  Change  Addition  
 2.2 NAME **Arthur Ronald Greene III**  
 2.3 STREET ADDRESS **250 E. Fifth Street**  
 2.4 CITY-ST-ZIP **Cincinnati, OH 45202**

TITLE  DELETE  
 NAME **VD WADE, JOHN EDWARD**  
 STREET ADDRESS **440 MT. RUSHMORE ROAD**  
 CITY-ST-ZIP **RAPID CITY SD 57709**

3.1 TITLE  Change  Addition  
 3.2 NAME **PC Robert Allen Adams**  
 3.3 STREET ADDRESS **250 E. Fifth Street**  
 3.4 CITY-ST-ZIP **Cincinnati, OH 45202**

TITLE  DELETE  
 NAME **T YOPP, CRAIG A**  
 STREET ADDRESS **440 MT RUSHMORE RD**  
 CITY-ST-ZIP **RAPID CITY SD**

4.1 TITLE  Change  Addition  
 4.2 NAME **V Lynn Edward Laswell**  
 4.3 STREET ADDRESS **250 E. Fifth Street**  
 4.4 CITY-ST-ZIP **Cincinnati, OH 45202**

TITLE  DELETE  
 NAME **S GAYNOR JR., WILLIAM T**  
 STREET ADDRESS **440 MT. RUSHMORE ROAD**  
 CITY-ST-ZIP **RAPID CITY SD 57709**

5.1 TITLE  Change  Addition  
 5.2 NAME **V Vincent James Granieri**  
 5.3 STREET ADDRESS **250 E. Fifth Street**  
 5.4 CITY-ST-ZIP **Cincinnati, OH 45202**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME **VC Mark Francis Muething**  
 6.3 STREET ADDRESS **250 E. Fifth Street**  
 6.4 CITY-ST-ZIP **Cincinnati, OH 45202**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: *Lynn E. Laswell* **SIGNATURE REQUIRED** Lynn E. Laswell 4/22/99 (513) 412-3002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)