

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90040 048 ***150.00

DOCUMENT # P04939

1. Entity Name
AMERICAN RETIREMENT LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
440 MT. RUSHMORE ROAD **250 E. 5TH ST.**
P.O. BOX 1736 **CINCINNATI OH 45202-4119**
RAPID CITY SD 57709 **US**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2760189** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TATE, JEFFREY S.		NAME	Scheper, Charles Richard	
STREET ADDRESS	250 EAST FIFTH ST		STREET ADDRESS	250 E. Fifth Street	
CITY-ST-ZIP	CINCINNATI OH		CITY-ST-ZIP	Cincinnati, Oh 45202	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, ARTHUR R		NAME	Rich, David Butler	
STREET ADDRESS	250 E. 5TH ST.		STREET ADDRESS	250 E. Fifth Street Cinti, Oh 45202	
CITY-ST-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP	250 E. Fifth Street Cinti, Oh 45202	
TITLE	PC	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ROBERT A		NAME		
STREET ADDRESS	250 E. 5TH ST		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI FL		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, LYNN L		NAME	Wilson, Wendy Leigh	
STREET ADDRESS	250 E. 5TH ST.		STREET ADDRESS	250 E. Fifth Street	
CITY-ST-ZIP	CINCINNATI OH		CITY-ST-ZIP	Cinti, Oh 45202	
TITLE	V	<input type="checkbox"/> Delete	TITLE	VA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANIERI, VINCENT J		NAME		
STREET ADDRESS	250 E. 5TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUETHING, MARK F		NAME		
STREET ADDRESS	250 E. 5TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy L. Wilson -Wendy L. Wilson- 3/9/00-513-357-3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904939

923803

FLORIDA

**AMERICAN RETIREMENT LIFE INSURANCE COMPANY (88366)
OFFICERS AND DIRECTORS CONTINUED
December 31, 1999**

OFFICERS

DIRECTORS

V	Thomas Kevin Liguzinski	Stephen C. Lindner
V	Michael J. O'Connor	
D	William Jack Maney II	

The address for all of the above is:

250 East Fifth Street
Cincinnati, Ohio 45202

**Indicates New Officer*