## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # P04939** 1. Entity Name AMERICAN RETIREMENT LIFE INSURANCE COMPANY 03-19-2001 90490 046 \*\*\*150.00 Principal Place of Business Mailing Address 440 MT. RUSHMORE ROAD 250 E. 5TH ST. P.O. BOX 1736 CINCINNCTI OH 45202 RAPID CITY SD 57709 C0035251 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2760189 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32301 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITLE ☐ Delete NAME NAME SCHEPER, CHARLES R STREET ADDRESS STREET ADDRESS 250 EAST FIFTH ST CITY-ST-ZIP CITY-ST-ZIP **CINCINNATI OH 45202** Change ☐ Addition ☐ Delete TITLE TITLE VD NAME NAME RICH, DAVID B STREET ADDRESS STREET ADDRESS 250 E. 5TH ST. CITY-ST-7IP CITY-ST-7IP CINCINNATI OH 45202 Change -☐ Addition TITLE ☐ Delete TITLE adams, robert a NAME NAME STREET ADDRESS STREET ADDRESS 250 E. 5TH ST CITY-ST-ZIP CITY-ST-ZIP CINNCINATI FL Change X Addition TITLE X Defete TITLE NAME Wilson, Wendy L NAME Caprio, Teresa C. STREET ADDRESS STREET ADDRESS 250 E. 5TH ST. 250 E. Fifth Street CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45202 Cincinnati, OH 45202 Change ☐ Delete TITLE ☐ Addition GRANIERI, VINCENT J NAME STREET ADDRESS STREET ADDRESS 250 E. 5TH ST. CITY-ST-ZIP CITY-ST-ZIP **CINCINNATI OH 45202** ☐ Change ☐ Addition TITLE VC ☐ Delete TITLE NAME NAME MUETHING, MARK F STREET ADDRESS STREET ADDRESS 250 E. 5TH ST. CITY-ST-7IP CITY-ST-ZIP **CINCINNATI OH 45202** 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.

**FILED** 

SIGNATURE: Teresa C. Caprio 3/9/01 513-357-3300 Date Dayline Phone #

OHACHMENT DOH DO4939
CO035251

## AMERICAN RETIREMENT LIFE INSURANCE COMPANY (88366) OFFICERS AND DIRECTORS CONTINUED December 31, 2000

OFFICERS DIRECTORS

Thomas Kevin Liguzinski Stephen C. Lindner

Michael J. O'Connor William Jack Maney II

V # Richard L. Sutton

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The address for all of the above is:

250 East Fifth Street Cincinnati, Ohio 45202

# Indicates New Officer