
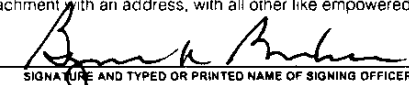


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90393 009 ***150.00

DOCUMENT # P04939			
1. Entity Name AMERICAN RETIREMENT LIFE INSURANCE COMPANY			
Principal Place of Business 250 E. FIFTH STREET CINCINNATI, OH 45202 US		Mailing Address 5508 PARKCREST DRIVE AUSTIN, TX 78731 US	
2. Principal Place of Business - No P.O. Box # 11200 Lakeline Blvd.		3. Mailing Address PO Box 26580	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc.	
City & State Austin, TX		City & State Austin, TX	
Zip 78717	Country US	Zip 78755	Country US
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEPER, CHARLES R 250 EAST FIFTH ST CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hardison, Brenda W. 11200 Lakeline Blvd., Suite 100 Austin, TX 78717 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDER, STEPHEN C 250 E 5TH STREET CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lindner, Stephen C. 250 East Fifth St. Cincinnati, OH 45202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, BILLY B JR 5508 PARKCREST DRIVE AUSTIN, TX 78731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hill, Jr., Billy B. 4117 Canoas Dr. Austin, TX 78730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUESCHER, BYRON K 5508 PARKCREST DRIVE AUSTIN, TX 78731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Buescher, Byron K. 6505 Yaupon Dr. Austin, TX 78759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILANO, CHRISTOPHER P 250 E. 5TH ST. CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Prager, Michael J. 250 East Fifth St. Cincinnati, OH 45202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUETHING, MARK F 250 E. 5TH ST. CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Magoteaux, Richard L. 250 East Fifth St. Cincinnati, OH 45202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		04/23/08 (512) 451-2224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	