

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04939

FILED
Apr 30, 2009
Secretary of State

Entity Name: AMERICAN RETIREMENT LIFE INSURANCE COMPANY

Current Principal Place of Business:

11200 LAKELINE BLVD STE 100
AUSTIN, TX 78717 US

New Principal Place of Business:

11200 LAKELINE BLVD
SUITE 100
AUSTIN, TX 78717 US

Current Mailing Address:

POB 26580
AUSTIN, TX 78755 US

New Mailing Address:

11200 LAKELINE BLVD
SUITE 100
AUSTIN, TX 78717 US

FEI Number: 59-2760189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHEPER, CHARLES R
Address: 250 EAST FIFTH ST
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: LINDNER, STEPHEN C
Address: 250 E 5TH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: P () Delete
Name: HILL, BILLY B JR
Address: 4117 CANOAS DR
City-St-Zip: AUSTIN, TX 78730

Title: T () Delete
Name: BUESCHER, BYRON K
Address: 6505 YAUPON DR
City-St-Zip: AUSTIN, TX 78759

Title: D () Delete
Name: MILANO, CHRISTOPHER P
Address: 250 E. 5TH ST.
City-St-Zip: CINCINNATI, OH 45202 US

Title: D () Delete
Name: MUETHING, MARK F
Address: 250 E. 5TH ST.
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON K. BUECHER

T

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date