

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

0612347 AV

05-05-2003 90325 031 ***150.00

DOCUMENT # P04939

1. Entity 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
**250 E. 5TH ST.
CINCINNATI OH 45202
US**

10102070



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2760189**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SCHEPER, CHARLES R | |
| STREET ADDRESS | 250 EAST FIFTH ST | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | RICH, DAVID B | |
| STREET ADDRESS | 250 E. 5TH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SUTTON, RICHARD L | |
| STREET ADDRESS | 250 E. 5TH ST | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | VT | <input checked="" type="checkbox"/> Delete |
| NAME | CAPRIO, TERESA C | |
| STREET ADDRESS | 250 E. 5TH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MILANO, CHRISTOPHER P | |
| STREET ADDRESS | 250 E. 5TH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | MUETHING, MARK F | |
| STREET ADDRESS | 250 E. 5TH ST. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | |

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Maney II, William Jack | |
| STREET ADDRESS | 250 E. 5th St. | |
| CITY-ST-ZIP | Cincinnati, OH 45202 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Magoteaux, Richard Lee | |
| STREET ADDRESS | 250 E. 5TH St | |
| CITY-ST-ZIP | Cincinnati, OH 45202 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Lee Magoteaux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Lee Magoteaux

4/25/03
Date

(513) 357-3300
Daytime Phone #

CR2E034 (10/02)