

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90033 016 ***150.00

DOCUMENT # 857832

1. Corporation Name

ACCELERATION LIFE INSURANCE COMPANY

Principal Place of Business

475 METRO PLACE NORTH
P O BOX 7000
DUBLIN OH 43017

Mailing Address

475 METRO PLACE NORTH
P O BOX 7000
DUBLIN OH 43017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1983

4. FEI Number

31-0835312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6397 Emerald Parkway
Suite, Apt. #, etc.

22 Suite 200

City & State

23 Dublin, OH

Zip

24 43016-3272

Country

25

2a. Mailing Address

26 P.O. Box 7000

Suite, Apt. #, etc.

27

City & State

28 Dublin, OH

Zip

29 43017-0701

Country

30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD
NAME ANDERSON, ROLAND C
STREET ADDRESS 475 METRO PL N STE 100
CITY-ST-ZIP DUBLIN OH 43017

TITLE SD
NAME HACKETT, RICHARD C
STREET ADDRESS 475 METRO PL N STE 100
CITY-ST-ZIP DUBLIN OH 43017

TITLE V
NAME COPELAND, ROBERT L
STREET ADDRESS 3297 KIRKHAM RD
CITY-ST-ZIP COLUMBUS OH

TITLE VD
NAME MUELLER, KURT L.
STREET ADDRESS 475 METRO PL N
CITY-ST-ZIP DUBLIN OH

TITLE VT
NAME CARIOLANO, GREGG O
STREET ADDRESS 475 METRO PL N STE 100
CITY-ST-ZIP DUBLIN OH 43017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 6397 Emerald Parkway, Suite 200
1.4 CITY-ST-ZIP Dublin, OH 43016-3272

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 6397 Emerald Parkway, Suite 200
2.4 CITY-ST-ZIP Dublin, OH 43016-3272

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 6397 Emerald Parkway, Suite 200
3.4 CITY-ST-ZIP Dublin, OH 43016-3272

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 6397 Emerald Parkway, Suite 200
4.4 CITY-ST-ZIP Dublin, OH 43016-3272

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 6397 Emerald Parkway, Suite 200
5.4 CITY-ST-ZIP Dublin, OH 43016-3272

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Robert L. Copeland 4/15/99

614-764-7000

Date

Daytime Phone #

CR2E034 (11/98)