

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04939

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC3370568031**

**Entity Name:** AMERICAN RETIREMENT LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

11200 LAKELINE BLVD  
SUITE 100  
AUSTIN, TX 78717

**Current Mailing Address:**

11200 LAKELINE BLVD  
SUITE 100  
AUSTIN, TX 78717 US

**FEI Number:** 59-2760189

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:** BYRON BUESCHER

03/19/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name HARDISON, BRENDA W  
Address 11200 LAKELINE BLVD.  
City-State-Zip: AUSTIN TX 78717

Title D  
Name PALMER, ERIC P  
Address 11200 LAKELINE BLVD  
SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title ASST. TREASURER  
Name RYAN, MAUREEN H  
Address 11200 LAKELINA BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title T  
Name BUESCHER, BYRON K  
Address 11200 LAKELINE BLVD., SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title D  
Name YABLECKI, JAMES  
Address 11200 LAKELINE BLVD  
SUITE 100  
City-State-Zip: AUSTIN TX 78717

Title D  
Name SATALINE, FRANK JR.  
Address 11200 LAKELINE BLVD  
SUITE 100  
City-State-Zip: AUSTIN TX 78717

*I hereby 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 all other like empowered.*

**SIGNATURE:** BYRON BUESCHER

**TREASURER**

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date