2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# 018359

Entity Name: AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

C/O ART HEGGEN
11222 QUAIL ROOST DR
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

C/O ART HEGGEN
11222 QUAIL ROOST DR
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 59-0676017 **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: PD ( ) Delete
Name: LAMNIN, ADAM D
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: TSVP ( ) Delete
Name: CASTELO, ENRIQUE L.
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: DCEO ( ) Delete
Name: CAMACHO, PHILIP B
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: SSVP ( ) Delete
Name: HEGGEN, ARTHUR W
Address: 11222 QUAIL ROOST DR
City-St-Zip: MIAMI, FL

Title: DSVP ( ) Delete
Name: LEMASTERS, S. CRAIG
Address: 260 INTERSTATE NO CIRCLE NW
City-St-Zip: ATLANTA, GA 30339

Title: AS ( ) Delete
Name: ARAGON-CRUZ, JEANIE
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TVP (X) Change ( ) Addition
Name: STOCKER, WENDALL
Address: 260 INTERSTATE NO CIRCLE SE
City-St-Zip: ATLANTA, GA 33039

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEANNIE ARAGON-CRUZ AS 04/19/2007
Electronic Signature of Signing Officer or Director Date