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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                               |                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |  <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Matham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                                                                                                                       |
| <b>DOCUMENT # 809325 (4)</b><br>1. Corporation Name<br><b>ALL AMERICAN LIFE INSURANCE COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                               |                                                                                                                       |
| Principal Place of Business<br><b>6501 WEST HIGGINS ROAD<br/>CHICAGO IL 60631</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | Mailing Address<br><b>3600 ROUTE 66<br/>JUMPING BROOK CORPORATE PARK<br/>NEPTUNE NJ 07754-1580<br/>US</b>                                                                                     |                                                                                                                       |
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | 2a. Mailing Address<br>25<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30                                                                                    |                                                                                                                       |
| 9. Name and Address of Current Registered Agent<br><b>CHERNOFF, MICHAEL<br/>8548 NORTH DALE MABRY HIGHWAY<br/>TAMPA FL 33614</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b>                                 |                                                                                                                       |
| 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                                                                                                                                               |                                                                                                                       |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                         |                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>LOCKE, JOSEPH<br>8501 W. HIGGINS ROAD<br>CHICAGO IL           | 1.1 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY - ST - ZIP                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>BICKLER, JAMES A.<br>8501 W HIGGINS RD<br>CHICAGO IL          | 2.1 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY - ST - ZIP                                                                                                                               | <b>President Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VT<br>SULESKI, JAMES<br>3600 ROUTE 66<br>NEPTUNE NJ                 | 3.1 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY - ST - ZIP                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VS<br>JERAK, JOSEPHINE P.<br>8501 W HIGGINS RD<br>CHICAGO, IL 00000 | 4.1 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY - ST - ZIP                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>SIMPSON, WILLIAM A.<br>8501 W HIGGINS RD<br>CHICAGO, IL 00000 | 5.1 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY - ST - ZIP                                                                                                                               | <b>Vice Chairman, CEO &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>GRANGER, PAUL F.<br>3600 ROUTE 66<br>NEPTUNE NJ                | 6.1 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY - ST - ZIP                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |
| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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. |                                                                     |                                                                                                                                                                                               |                                                                                                                       |
| SIGNATURE: <i>Eudokia Kaptain</i><br>Eudokia Kaptain, VP-Accounting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | 2/20/95 (908)922-7444                                                                                                                                                                         |                                                                                                                       |

# USLIFE | ALL AMERICAN LIFE INSURANCE COMPANY

Financial Operations  
3600 Route 66 • PO Box 1580 • Neptune NJ 07754 1580 • 908 922 7000

Officers  
All American Life Insurance Company

## OFFICERS:

Gordon E. Crosby, Jr.

Chairman of the Board

James D. Brotherton

Senior Vice President

John D. Cassner

Senior Vice President-Agency Administration

Raymond J. George

Senior Vice President-Chief Underwriter

Jeffrey P. Achstatter

Vice President-Marketing Services

Frank J. Auriemma, Jr.

Vice President

William E. Bickers

Vice President-Marketing Sales

F. Thomas Biglione

Vice President-Marketing Services

Don L. Bolen

Vice President

J.W. Dewbre

Vice President-General Counsel

David N. Dunn

Vice President

Wesley E. Forte

Vice President

Gary L. Fronk

Vice President-Service Center

Moni E. Gabbai

Vice President-Financial Systems

Kenneth J. Griesemer

Vice President

Jane L. Gucwa

Vice President-Agency Administration

Thomas L. Hendricks

Vice President

Richard G. Hohn

Vice President

Eudokia Kaptain

Vice President-Accounting

Jimmy W. Long

Vice President-Real Estate

James B. Lynch, Jr.

Vice President

John Mapes

Vice President-Policy Issue

Randy J. Marash

Vice President-Actuary

Ronald H. May

Vice President

Lindy B. Mayhew

Vice President-Agency Administration

Dale H. Nauta

Vice President

L. Raymond Rentmeester

Vice President

Joe L. Thompson

Vice President

Glen A. Vilim

Vice President

Dennis G. Wittig

Vice President

Frederic R. Yopps

Vice President

Richard G. Baker

Second Vice President-Accounting

Walter E. Bednarski

Second Vice President-Accounting

Paul M. Hoecker

Second Vice President-Marketing Services

Ken Keating

Second Vice President-Marketing Services

Arnold Levy

Second Vice President-Underwriting

Ray Sawicki

Second Vice President

Wesley Werkheiser

Second Vice President-Accounting

Henry A. Carpenter

Assistant Vice President

Donald A. Extrom

Assistant Vice President

Donald P. Ferguson

Assistant Vice President-Accounting

Arlene Jezierny

Assistant Vice President-Marketing

Development

Ronald F. Karas

Assistant Vice President-Marketing Services



*Formed in 1966 ... Origins to 1850 ... Still Keeping the Promise!*

William E. Krohn  
Dolores Leone  
James R. Lietzau  
Michael R. Lorz  
Marcia L. Pollowy  
Edward G. Sanchez  
Sherri C. Stanton  
James S. Valentine  
Joseph F. Vavra  
James F. DeVarso

John L. Dietze

John J. Ricca, Jr.

Jesse M. Villarreal

Janice Bailey  
Marie Cerligione  
Barry J. Lesser  
Larry R. Plyter  
June M. Sanders  
Richard E. Stanko  
Christian R. Swanson  
E. Robert Bejcek  
John R. Champion  
William E. Evans  
Robert Fisher  
Gale Hofland  
William O. Jones  
Terry E. Thompson  
Donald B. VanMatre  
Joseph F. Cassani

Assistant Vice President  
Assistant Vice President-Policy Issue  
Assistant Vice President-Underwriting  
Assistant Vice President-Marketing Services  
Assistant Vice President-Marketing Support  
Assistant Vice President-Marketing Services  
Assistant Vice President  
Assistant Vice President  
Assistant Vice President-Underwriting  
Assistant General Counsel & Assistant  
Secretary  
Assistant General Counsel & Assistant  
Secretary  
Assistant General Counsel & Assistant  
Secretary  
Assistant General Counsel & Assistant  
Secretary  
Assistant Secretary  
Assistant Secretary-Registrar  
Assistant Actuary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Field Vice President  
Field Vice President  
Field Vice President  
Field Vice President  
Field Vice President  
Field Vice President  
Field Vice President  
Field Vice President  
Field Vice President  
Field Marketing Officer