

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

000370

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90024 041 \*\*\*150.00

DOCUMENT # **809325**

1. Corporation Name

**ALL AMERICAN LIFE INSURANCE COMPANY**

Principal Place of Business

**8501 WEST HIGGINS ROAD  
CHICAGO IL 60631**

Mailing Address

**3600 ROUTE 66  
JUMPING BROOK CORPORATE PARK  
NEPTUNE NJ 07754-1580  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/04/1953**

4. FEI Number

**36-2148702**

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** Suite, Apt. #, etc.

City & State

**23** Zip Country  
**24** **25**

2a. Mailing Address

**26** **P.O. Box 2074**

Suite, Apt. #, etc.

City & State

**27** **Milwaukee WI**

**28** Zip Country  
**29** **53201-2074** **30** **US**

9. Name and Address of Current Registered Agent

**CT CORPORATION  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324**

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	VD	<input type="checkbox"/> DELETE
NAME	LOCKE, JOSEPH	
STREET ADDRESS	8501 W. HIGGINS ROAD	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BICKLER, JAMES A.	
STREET ADDRESS	8501 W HIGGINS RD	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOSEPH MARASH, RANDY	
STREET ADDRESS	3600 ROUTE 66	
CITY-ST-ZIP	NEPTUNE NJ 07754-1580	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JERAK, JOSEPHINE P.	
STREET ADDRESS	8501 W HIGGINS RD	
CITY-ST-ZIP	CHICAGO IL 60631	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NELSON DUNN, DAVID	
STREET ADDRESS	3600 ROUTE 66	
CITY-ST-ZIP	NEPTUNE NJ 07754-1580	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRANGER, PAUL F	
STREET ADDRESS	3600 ROUTE 66	
CITY-ST-ZIP	NEPTUNE NJ 07754-1580	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hollar, Richard A.	
1.3 STREET ADDRESS	707 N 11 Street	
1.4 CITY-ST-ZIP	Milwaukee, WI 53233	
2.1 TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nauta, Dale H.	
2.3 STREET ADDRESS	707 N. 11 Street	
2.4 CITY-ST-ZIP	Milwaukee, WI 53233	
3.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Major, Kent D.	
3.3 STREET ADDRESS	707 N.11 Street	
3.4 CITY-ST-ZIP	Milwaukee, WI 53233	
4.1 TITLE	Stone, Stephen R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	707 N. 11 Street	
4.3 STREET ADDRESS	Milwaukee, WI 53233	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99  
Date

(414) 271-2820  
Daytime Phone #

CR2E034 (11/98)