

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 25, 1996 08:00 AM  
Secretary of State

DOCUMENT # 818932 (6)

1. Corporation Name

AMERICAN STATES LIFE INSURANCE COMPANY

Principal Place of Business

500 NORTH MERIDIAN STREET  
INDIANAPOLIS INDIANA 46204

Mailing Address

500 NORTH MERIDIAN STREET  
INDIANAPOLIS INDIANA 46204

3. Date Incorporated or Qualified  
08/03/1965

3a. Date of Last Report  
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
35-1007048

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE C/D ☒ Change ☐ Addition

NAME MCCURLEY, F CEDRIC  
STREET ADDRESS 4436 EDINBURGH POINT  
CITY-ST-ZIP INDIANAPOLIS, IN 00000

1.2 NAME McCURLEY, F. CEDRIC  
1.3 STREET ADDRESS 4436 EDINBURGH POINT  
1.4 CITY-ST-ZIP INDIANAPOLIS, IN 46208

TITLE ☒ DELETE

2.1 TITLE P/D ☐ Change ☒ Addition

NAME RATCLIFF, DAVID L  
STREET ADDRESS RR 1 BOX 201-B  
CITY-ST-ZIP PITTSBORO, IN 00000

2.2 NAME LAWSON, WILLIAM J.  
2.3 STREET ADDRESS 500 NORTH MERIDIAN STREET  
2.4 CITY-ST-ZIP INDIANAPOLIS, IN 46204

TITLE ☒ DELETE

3.1 TITLE V/T/D ☐ Change ☒ Addition

NAME KASTEN, KARL A  
STREET ADDRESS 6427 HARBRIDGE RD  
CITY-ST-ZIP INDIANAPOLIS, IN 00000

3.2 NAME STEPHENSON, TODD R.  
3.3 STREET ADDRESS 8924 STORMHAVEN COURT  
3.4 CITY-ST-ZIP INDIANAPOLIS, IN 46256

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME OBER, THOMAS M  
STREET ADDRESS 5262 N CENTRAL AVE  
CITY-ST-ZIP INDIANAPOLIS, IN 00000

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE V ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME SIMPSON, HARRY R.  
5.3 STREET ADDRESS 7623 TARRAGON PLACE  
5.4 CITY-ST-ZIP INDIANAPOLIS, IN 46237

TITLE ☐ DELETE

6.1 TITLE V/D ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME GALLOGLY, JEROME T.  
6.3 STREET ADDRESS 7614 CAPE COD CIRCLE  
6.4 CITY-ST-ZIP INDIANAPOLIS, IN 46250

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 119.07(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:

*Thomas M. Ober*

THOMAS M. OBER, SECRETARY 1/18/96 (317) 262-6797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)