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Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 46204-1213



3. Date Incorporated or Qualified 08/03/1965  
3a. Date of Last Report 01/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		35-1007048		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL

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 fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C D	1.1 TITLE	CD
NAME	MCCURLEY, F CEDRIC	1.2 NAME	ANKER, ROBERT A.
STREET ADDRESS	4436 EDINBURGH POINT	1.3 STREET ADDRESS	3603 W HAMILTON ROAD
CITY-ST-ZIP	INDIANAPOLIS, IN 00000	1.4 CITY-ST-ZIP	FT WAYNE IN
TITLE	P D	2.1 TITLE	
NAME	LAWSON, WILLIAM J	2.2 NAME	
STREET ADDRESS	500 N MERIDIAN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	
NAME	STEPHENSON, TODD R	3.2 NAME	
STREET ADDRESS	8924 STORMHAVEN CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	VGC	4.1 TITLE	VSGC
NAME	OBER, THOMAS M	4.2 NAME	OBER, THOMAS M
STREET ADDRESS	5262 N CENTRAL AVE	4.3 STREET ADDRESS	5262 N CENTRAL AVE
CITY-ST-ZIP	INDIANAPOLIS, IN 00000	4.4 CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	V	5.1 TITLE	
NAME	SIMPSON, HARRY R	5.2 NAME	
STREET ADDRESS	7623 TARRAGON PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	GALLOGLY, JEROME T	6.2 NAME	
STREET ADDRESS	7614 CAPE COD CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Thomas M. Ober* THOMAS M. OBER, SECRETARY 1/8/97 (317) 262-6797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)