

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821234 (2)
1. Corporation Name
AMERICAN CONTINENTAL INSURANCE COMPANY

Principal Place of Business
540 LAKE-COOK ROAD
DEERFIELD IL 60015

Mailing Address
540 LAKE-COOK ROAD
DEERFIELD IL 60015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/12/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 44-0648645	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL 32304				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SPENCE, WILLIAM R.	1.2 NAME	HERRINGTON, BARBARA
STREET ADDRESS	540 LAKE-COOK ROAD	1.3 STREET ADDRESS	540 LAKE COOK ROAD
CITY-ST-ZIP	DEERFIELD IL	1.4 CITY-ST-ZIP	DEERFIELD, IL 60015
TITLE	CD	2.1 TITLE	
NAME	BECKER, FREDERICK B	2.2 NAME	
STREET ADDRESS	540 LAKE COOK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T
NAME	GUNDER, PETER C	3.2 NAME	FISKOW, PHILIP J.
STREET ADDRESS	540 LAKE COOK RD	3.3 STREET ADDRESS	540 LAKE COOK ROAD
CITY-ST-ZIP	DEERFIELD IL	3.4 CITY-ST-ZIP	DEERFIELD, IL 60015
TITLE	VP	4.1 TITLE	
NAME	KALCK, CRAIG W.	4.2 NAME	
STREET ADDRESS	100 BRIARGATE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARY IL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	SINCLAIR, WAYNE A.	5.2 NAME	
STREET ADDRESS	3510 WHITEHAVEN PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	PERRY, ANTHONY J.	6.2 NAME	GEORGE R. CALDWELL
STREET ADDRESS	421 HACKBERRY DRIVE	6.3 STREET ADDRESS	205 W. TONY AVENUE
CITY-ST-ZIP	DECATUR IL	6.4 CITY-ST-ZIP	PARK RIDGE, IL 60068

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state of 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 _____ Philip J. Fiskow 9 Feb 98

CR2E034 (10/97)