

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **837383** (9)

1. Corporation Name
ARCADIA NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business 3290 NORTHSIDE PKWY NW SUITE 200 ATLANTA GA 30324 US	Mailing Address P O BOX 50355 ATLANTA GA 30302-0355 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/16/1976	3a. Date of Last Report 03/06/1996
4. FEI Number 86-0225077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 STATE INSURANCE COMMISSIONER PLAZA LEVEL 11 THE CAPITOL TALLAHASSEE FL 32399-7300

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
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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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MEICH, ALLEN C		1.2 NAME Reich, Robert-14	
STREET ADDRESS 20485 VIA TALAVERA		1.3 STREET ADDRESS 1150 South Olive Street	
CITY-ST-ZIP YORBA LINDA CA		1.4 CITY-ST-ZIP Los Angeles, CA 90015	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME YOUNG, LARRY		2.2 NAME Young, Larry K.	
STREET ADDRESS 1150 S OLIVE ST		2.3 STREET ADDRESS 1150 South Olive Street	
CITY-ST-ZIP LOS ANGELES CA		2.4 CITY-ST-ZIP Los Angeles, CA 90015	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BIERMAN, JAMES L		3.2 NAME Tyds, Sedrick A.	
STREET ADDRESS 20870 DOGWOOD CIRCLE		3.3 STREET ADDRESS 1150 South Olive Street	
CITY-ST-ZIP YORBA LINDA CA		3.4 CITY-ST-ZIP Los Angeles, Ca 90015	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FOLTZ, STEPHEN H		4.2 NAME Foltz, Stephen H.	
STREET ADDRESS 232 BAYWOOD DRIVE		4.3 STREET ADDRESS 1150 South Olive Street	
CITY-ST-ZIP NEWPORT BEACH CA		4.4 CITY-ST-ZIP Los Angeles, CA 90015	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINSON, MARY L		5.2 NAME	
STREET ADDRESS 1150 SOUTH OLIVE ST		5.3 STREET ADDRESS	
CITY-ST-ZIP LOS ANGELES CA		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Murphy, James.J.	
STREET ADDRESS		6.3 STREET ADDRESS 1150 South Olive Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Los Angeles, CA 90015	

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:  **REQUIRED** 3/21/97 213-742-4951
DATE DAYTIME PHONE #

CR2E034 (9/96)