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Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 837383 (9)
1. Corporation Name
ARCADIA NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business
3280 NORTHSIDE PKWY NW
SUITE 200
ATLANTA GA 30324
US

Mailing Address
P O BOX 50355
ATLANTA GA 30302
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 32991 Hamilton Court
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Farmington Hills, MI
Zip 48334 Country Oakland
24 48334 25 Oakland
2a. Mailing Address
26 32991 Hamilton Court
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Farmington Hills, MI
Zip 48334 Country Oakland
29 48334 30 Oakland

3. Date Incorporated or Qualified
11/16/1976
4. FEI Number
86-0225077
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	REICH, ROBERT I.	1150 SOUTH OLIVE ST.	LOS ANGELES CA	<input checked="" type="checkbox"/>
VPD	YOUNG, LARRY K.	1150 SOUTH OLIVE ST.	LOS ANGELES CA	<input checked="" type="checkbox"/>
D	TYDUS, SEDRICK A	1150 SOUTH OLIVE ST.	LOS ANGELES CA	<input checked="" type="checkbox"/>
TD	FOLTZ, STEPHEN H	1150 SOUTH OLIVE ST.	LOS ANGELES CA	<input checked="" type="checkbox"/>
AS	PINSON, MARY L	1150 SOUTH OLIVE ST	LOS ANGELES CA	<input checked="" type="checkbox"/>
DS	MURPHY, JAMES J	1150 SOUTH OLIVE ST.	LOS ANGELES CA	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
P	Ronald L. Bruckert	32991 Hamilton Court Ste.100	Farmington Hills, MI 48334	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Kirk Anderson	32991 Hamilton Court Ste.100	Farmington Hills, MI 48334	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Deborah M. Shoop	32991 Hamilton Court Ste.1000	Farmington Hills, MI 48334	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Timothy J. Titus	32991 Hamilton Court Ste.100	Farmington Hills, MI 48334	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (10/97)