

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

AMERICAN

FILED
Mar 18 1998 8:00am
Secretary of State

DOCUMENT # 838674 (0)
1. Corporation Name
AMERICAN STANDARD LIFE AND ACCIDENT INSURANCE CO
MPANY

Principal Place of Business
224 N. INDEPENDENCE
ENID OK 73702
US

Mailing Address
PO BOX 284X
ENID OK 73702
5500 N. Western Ste 100
Oklahoma City, OK 73118

AMERICAN S



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 5500 N. Western		06/29/1977	
22 City & State		27 Ste 100		4. FEI Number	
23 Zip		28 Oklahoma City, OK		73-0774284	
24 Country		29 73118		5. Certificate of Status Desired	
		30 Oklahoma		6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
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

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	AR	1.1 TITLE	
NAME	PRICE, ROBERT W	1.2 NAME	
STREET ADDRESS	224 NORTH INDEPENDENCE	1.3 STREET ADDRESS	5500 N. Western Ste 100
CITY-ST-ZIP	ENID OK	1.4 CITY-ST-ZIP	Oklahoma City, OK 73118
TITLE	R	2.1 TITLE	
NAME	CLIFT, HR	2.2 NAME	
STREET ADDRESS	224 NORTH INDEPENDENCE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENID OK	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Robert W. Price

Robert W. Price

2/23/98

(405) 810-1500

CR2E034 (10/97)