

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

FILED
May 05 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 # 838805 (0)
1. Corporation Name
AMERICAN CHAMBERS LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
1805 HIGH POINT DRIVE 1805 HIGH POINT DRIVE
NAPERVILLE IL 60563 NAPERVILLE IL 60563

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1977	
21		26		4. FEI Number 34-1184218	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country		
29	Zip	30	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS GALLAGHER, STATE OF FLORIDA
INSURANCE COMMISSIONER
200 EAST GAINES ST. - LARSON BUILDING
TALLAHASSEE FL 32399

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	P	1.1 TITLE	P
NAME	MARSH, JEREMIAH	1.2 NAME	SAWICZ, THOMAS T
STREET ADDRESS	1805 HIGH POINT DRIVE	1.3 STREET ADDRESS	1805 High Point Drive
CITY-ST-ZIP	NAPERVILLE IL	1.4 CITY-ST-ZIP	Naperville, IL 60563-9375
TITLE	VS	2.1 TITLE	V/T
NAME	MATHIAS, RICHARD L	2.2 NAME	GOLDSTEIN, BRADLEY J
STREET ADDRESS	1805 HIGH POINT DR.	2.3 STREET ADDRESS	1805 High Point Drive
CITY-ST-ZIP	NAPERVILLE IL	2.4 CITY-ST-ZIP	Naperville, IL 60563-9375
TITLE	D	3.1 TITLE	D
NAME	BYRD, THERESA L.	3.2 NAME	MEITZEN, GAYLIA R
STREET ADDRESS	1805 HIGH POINT DRIVE	3.3 STREET ADDRESS	1805 High Point Drive
CITY-ST-ZIP	NAPERVILLE IL 60563	3.4 CITY-ST-ZIP	Naperville, IL 60563-9375
TITLE	D	4.1 TITLE	
NAME	STEWART, DEBRA J.	4.2 NAME	
STREET ADDRESS	1805 HIGH POINT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL 60563	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	ASST. T
NAME	YEDINAK, DAVID A	5.2 NAME	YEDINAK, DAVID A
STREET ADDRESS	1805 HIGH POINT DR	5.3 STREET ADDRESS	1805 High Point Drive
CITY-ST-ZIP	NAPERVILLE IL	5.4 CITY-ST-ZIP	Naperville, IL 60563-9375
TITLE	VA	6.1 TITLE	
NAME	BRADLEY, BRUCE A.	6.2 NAME	
STREET ADDRESS	1805 HIGH POINT DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	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.

CR2E034 (10/97)

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