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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 13 1998 8:00am Secretary of State

1. Corporation Name ASSOCIATES FINANCIAL LIFE INSURANCE COMPANY												
Principal Plac				iling Address				41E1 41E11 \$191	. 41411 4141		0 /8/(/04/	
	TES CORPORA TER FREEWA	ATION OF NORTH AMERIC		O BOX 660237								
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US	•••		US				3. Date Incorporated or Qualified		OI AOL			٦
							10/13/1977					
2. Principal Place of Business			2a.	Mailing Address			4. FEI Number		Т	App	olied For	1
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired				dditional	1
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24	25		29	- ¬ '		'y	8. This corporation owes or has personal Property Tax due Jui		rrent yea □ Yes	_	ngible No	İ
154	9. Name	and Address of Curren		ered Agent	1301		10. Name and Address of New f			<u> </u>	NO	┨
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				84 City				FL	85	Zip Co	ode	
office or r	regi ste red ag	ient, or both, in the State	of Florida	a. Such change wa s a	authorized b	ov the corpo	corporation submits this statement for the oration's board of directors. I hereby acc	purpose o	f changii	ng its	registered egistered	1
agent. I a	ım familiar wi	th, and accept the obliga	ations of,	Section 607.0505, Fig.	orida Statute	es.	· · · · · · · · · · · · · · · · · · ·	*FFF				
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14. I hereby certify that the information supplied with this filing control indicated on this annual report or supplemental annual reports true the officer or director of the corporation or the receiver or trusted satisfied Block 12 or Block 13 if changed, or on an attachment with an address. TENEED in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the same legal effect as if made under oath; that I am an interval as required by Chapter 607, Florida Statutes; and that my name appears in