FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -7 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 847877 (8)

1. Corporation Name
AMERICAN LIBERTY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
4962 FLA BLVD SUTIE 302 PO BOX 64626 BATON ROUGE LA 70896	4962 FLA BLVD SUTIE 302 PO BOX 64626 BATON ROUGE LA 70896

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1981
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 72-0826521 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301

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 N/A
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	DUPLESSIS, WILFRED P.	12 NAME	
STREET ADDRESS	14261 TIGGY DUPLESSIS	13 STREET ADDRESS	
CITY-ST-ZIP	GONZALES LA	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BROUSSARD, CHARLES E	22 NAME	
STREET ADDRESS	FLYING J RANCH	23 STREET ADDRESS	
CITY-ST-ZIP	KAPLAN, LA 00000	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	DEKLE, NATHAN H	32 NAME	DELETE - DECEASED
STREET ADDRESS	3000 BELLEVIEW ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	PLAQUEMINE, LA 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RATHBONE, JR., M. J.	42 NAME	
STREET ADDRESS	3915 CONVENTION	43 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	DUNHAM, JAMES I	52 NAME	
STREET ADDRESS	6537 LINDSEYNEAL	53 STREET ADDRESS	
CITY-ST-ZIP	GREENWELL SPRGS, LA00000	54 CITY-ST-ZIP	
TITLE	CTR	61 TITLE	Treasurer ☐ Change ☒ Addition
NAME	NUNNELLEY, ROBERT R.	62 NAME	
STREET ADDRESS	4962 FL BLVD, STE 302	63 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report.

SIGNATURE: Robert R Nunnelley 2-24-95 504-927-9630
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #

0478200 FP