FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 01/07/1981
3a. Date of Last Report: 03/07/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26: PO Box 149151
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Austin, TX
Zip — 24:
Country — 25:
Zip — 29: 78714-9151
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 _____ DATE _____
Signature, typed or printed name of individual and title, if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	CD	☐ Change ☒ Addition
NAME	DUPLESSIS, WILFRED P.		1.2 NAME	Riley, Harold	
STREET ADDRESS	14261 TIGGY DUPLESSIS		1.3 STREET ADDRESS	400 E. Anderson Lane	
CITY-ST-ZIP	GONZALES LA		1.4 CITY-ST-ZIP	Austin, TX 78752	
TITLE	D	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	BROUSSARD, CHARLES E		2.2 NAME	Dollar, T. Roby	
STREET ADDRESS	FLYING J RANCH		2.3 STREET ADDRESS	400 E. Anderson Lane	
CITY-ST-ZIP	KAPLAN, LA 00000		2.4 CITY-ST-ZIP	Austin, TX 78752	
TITLE	D	☒ DELETE	3.1 TITLE	DVST	☐ Change ☒ Addition
NAME	RATHBONE, JR., M. J.		3.2 NAME	Oliver, Mark	
STREET ADDRESS	3915 CONVENTION		3.3 STREET ADDRESS	400 E. Anderson Lane	
CITY-ST-ZIP	BATON ROUGE LA		3.4 CITY-ST-ZIP	Austin, TX 78752	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DUNHAM, JAMES I		4.2 NAME		
STREET ADDRESS	6537 LINDSEYNEAL		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWELL SPRGS, LA00000		4.4 CITY-ST-ZIP		
TITLE	CTRT	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	NUNNELLEY, ROBERT R.		5.2 NAME	Riley, Rick	
STREET ADDRESS	4962 FL BLVD, STE 302		5.3 STREET ADDRESS	400 E. Anderson Lane	
CITY-ST-ZIP	BATON ROUGE LA		5.4 CITY-ST-ZIP	Austin, TX 78752	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	Morris, Sarah	
STREET ADDRESS			6.3 STREET ADDRESS	400 E. Anderson Lane	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Austin, TX 78752	

CR2E034 (12/95)

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)(k), 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: Mark A. Oliver, EVP (512) 837-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #