

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # 847877 (8)
1. Corporation Name
AMERICAN LIBERTY LIFE INSURANCE COMPANY



Principal Place of Business
4982 FLA BLVD SUITE 302
PO BOX 64626
BATON ROUGE LA 70896

Mailing Address
PO BOX 149151
AUSTIN TX 78714-9151
US

3. Date Incorporated or Qualified 01/07/1981	3a. Date of Last Report 04/17/1996
4. FEI Number 72-0826521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RILEY, HAROLD	
STREET ADDRESS	400 E. ANDERSON LANE	
CITY-ST-ZIP	AUSTIN TX 78752	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOLLAR, T. ROBY	
STREET ADDRESS	400 E ANDERSON LANE	
CITY-ST-ZIP	AUSTIN TX 78752	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	OLIVER, MARK	
STREET ADDRESS	400 E. ANDERSON LANE	
CITY-ST-ZIP	AUSTIN TX 78752	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUNHAM, JAMES I	
STREET ADDRESS	6537 LINDSEYNEAL	
CITY-ST-ZIP	GREENWELL SPRGS LA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RILEY, RICK	
STREET ADDRESS	400 E. ANDERSON LANE	
CITY-ST-ZIP	AUSTIN TX 78752	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORRIS, SARAH	
STREET ADDRESS	400 E. ANDERSON LANE	
CITY-ST-ZIP	AUSTIN TX 78752	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice President & Treasurer
4.3 STREET ADDRESS	William P. Barnhill
4.4 CITY-ST-ZIP	400 East Anderson Lane
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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

William P. Barnhill

CR2E034 (9/96)