

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90068 001 ***150.00

DOCUMENT # 854209

1. Corporation Name

~~LIFE INSURANCE COMPANY OF ILLINOIS~~

Ameribest Life Insurance Company

Principal Place of Business

Mailing Address

3750 WEST DEERFIELD RD
RIVERWOODS IL 60015

3750 WEST DEERFIELD RD
RIVERWOODS IL 60015



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1982

4. FEI Number

36-2542311

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 404 Locust Street

26 404 Locust Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State Des Moines Ia

28 City & State Des Moines Ia

24 Zip 50309 25 Country US

29 Zip 50309 30 Country US

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 30015

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME AUSTIN, JOSEPH D.
STREET ADDRESS 3750 W DEERFIELD RD
CITY-ST-ZIP RIVERWOODS IL ☒ DELETE

TITLE SVPD
NAME AUSTIN, WILLIAM S
STREET ADDRESS 3750 WEST DEERFIELD RD
CITY-ST-ZIP RIVERWOODS IL ☒ DELETE

TITLE DCEO
NAME AUSTIN, JOSEPH D
STREET ADDRESS 3750 W DEERFIELD RD
CITY-ST-ZIP RIVERWOOD IL ☒ DELETE

TITLE D
NAME DORMAN, ROLAND F.
STREET ADDRESS 3750 W DEERFIELD RD
CITY-ST-ZIP RIVERWOODS IL ☒ DELETE

TITLE D
NAME SEIDEL, GERHARD E.
STREET ADDRESS 3750 W DEERFIELD RD
CITY-ST-ZIP RIVERWOODS IL ☒ DELETE

TITLE SVPD
NAME AUSTIN, MICHAEL
STREET ADDRESS 3750 W DEERFIELD ROAD
CITY-ST-ZIP RIVERWOODS IL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Reginald Armstrong
1.3 STREET ADDRESS 404 Locust Street
1.4 CITY-ST-ZIP Des Moines Ia 50309 ☒ Change ☐ Addition

2.1 TITLE Secretary
2.2 NAME James R. Mumford
2.3 STREET ADDRESS 404 Locust Street
2.4 CITY-ST-ZIP Des Moines Ia 50309 ☒ Change ☐ Addition

3.1 TITLE Chief Accounting Officer
3.2 NAME Michelle A. Wain
3.3 STREET ADDRESS 404 Locust Street
3.4 CITY-ST-ZIP Des Moines Ia 50309 ☒ Change ☐ Addition

4.1 TITLE Vice President + Chief Actuary
4.2 NAME Douglas J. Laurens
4.3 STREET ADDRESS 404 Locust Street
4.4 CITY-ST-ZIP Des Moines Ia 50309 ☒ Change ☐ Addition

5.1 TITLE Director
5.2 NAME Christopher R. Welp
5.3 STREET ADDRESS 404 Locust Street
5.4 CITY-ST-ZIP Des Moines Ia 50309 ☒ Change ☐ Addition

6.1 TITLE Director
6.2 NAME Thomas L. May
6.3 STREET ADDRESS 404 Locust Street
6.4 CITY-ST-ZIP Des Moines Ia 50309 ☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Michael Austin

4/15/99

515-698-7503

CR2E034 (1/98)