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FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **857832** **(0)**

1. Corporation Name
ACCELERATION LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
475 METRO PLACE NORTH P O BOX 7000 DUBLIN OH 43017	475 METRO PLACE NORTH P O BOX 7000 DUBLIN OH 43017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/22/1983**

4. FEI Number: **31-0635312** ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	FRIEDBERG, THOMAS H		1.2 NAME	ROLAND G. ANDERSON	
STREET ADDRESS	475 METRO PLACE NORTH		1.3 STREET ADDRESS	475 METRO PLACE N., SUITE 100	
CITY-ST-ZIP	DUBLIN OH		1.4 CITY-ST-ZIP	DUBLIN, OH 43017	
TITLE	SVD	☒ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	ALEXANDER, NICHOLAS Z.		2.2 NAME	RICHARD C. HACKETT	
STREET ADDRESS	475 METRO PL		2.3 STREET ADDRESS	475 METRO PLACE N., SUITE 100	
CITY-ST-ZIP	DUBLIN OH		2.4 CITY-ST-ZIP	DUBLIN, OH 43017	
TITLE	DVP	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	COPELAND, ROBERT L		3.2 NAME		
STREET ADDRESS	3297 KIRKHAM RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		3.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	MUELLER, KURT L.		4.2 NAME		
STREET ADDRESS	475 METRO PL N		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	V/T	☐ Change ☒ Addition
NAME	MAIN, LARRY L		5.2 NAME	GREGG O. CARIOLAND	
STREET ADDRESS	475 METRO PL		5.3 STREET ADDRESS	475 METRO PLACE N., SUITE 100	
CITY-ST-ZIP	DUBLIN OH		5.4 CITY-ST-ZIP	DUBLIN, OH 43017	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ Kurt L. Mueller 4/24/98