

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90007 040 ***150.00

DOCUMENT # 857832

1. Entity Name
ACCELERATION LIFE INSURANCE COMPANY

Principal Place of Business 6397 EMERALD PARKWAY STE 200 DUBLIN OH 43016-3272	Mailing Address P O BOX 7000 DUBLIN OH 43017
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-0835312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BLDG.
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, ROLAND C 6397 EMERALD PKWY, STE 200 DUBLIN OH 43016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HACKETT, RICHARD C 6397 EMERALD PKWY, STE 200 DUBLIN OH 43016-3272 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COPELAND, ROBERT L 6397 EMERALD PKWY, STE 200 COLUMBUS OH 43016-3272 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUELLER, KURT L. 6397 EMERALD PKWY, STE 200 DUBLIN OH 43016-3272 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARIOLANO, GREGG O 6397 EMERALD PKWY, STE 200 DUBLIN OH 43016-3272 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Brown* **4/24/01** **314-275-5295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
971211
#857832

**FID DIVISION COMPANIES
OFFICERS AND DIRECTORS LIST**

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• **ACCELERATION LIFE INSURANCE COMPANY (OH)**

Officers:

Steven A. Schultz, Chairman of the Board and CEO
Roland G. Anderson, President and COO
Richard C. Hackett, Senior Vice President and Assistant Secretary
Gregg O. Cariolano, Senior Vice President, Chief Financial Officer and Treasurer
E. Perry Kupferman, Senior Vice President and Chief Actuary
Joseph R. McCaw, Senior Vice President and Chief Marketing Officer
Brent E. Griggs, Vice President, Operations
Richard J. Bielen, Vice President, Investments
Carl S. Thigpen, Vice President, Investments
T. Michael Presley, Vice President and Actuary
William L. McMullen, Jr., Vice President, Secretary and Assistant Treasurer
Deborah J. Long, General Counsel
Jerry W. DeFoor, Vice President
James W. White, Vice President, Product Management
Mark Downar, Assistant Secretary and Assistant Treasurer
Mary McGowan, Assistant Secretary
Jerry M. Hyche, Assistant Secretary
Charles D. Evers, Jr., Assistant Secretary

Directors:

Roland G. Anderson	John R. Sawyer
John B. Deremo	Steven A. Schultz
Lawrence G. Merrill	

The address for Acceleration Life Insurance Company is:

7 West 7th Street, Suite 1670
Cincinnati, OH 45202

Lyndon Life Insurance Company is 100% Shareholder

(Lyndon Company)

Attachment
971211
851832

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OFFICERS:	POSITION	ADDRESS				
1 STEVEN A. SCHULTZ	CHAIRMAN OF THE BOARD.C	2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
2 ROLAND G. ANDERSON	PRESIDENT/COO	520 MARYVILLE CENTRE D	ST. LOUIS	MO	63141	
3 RICHARD C. HACKETT	SR V P/ASST SEC	520 MARYVILLE CENTRE D	ST. LOUIS	MO	63141	
4 GREGG O. CARIOLAN	SR. VP, CHIEF FIN OFF, CONTROLLER/TREASURER	520 MARYVILLE CENTRE D	ST. LOUIS	MO	63141	
5 E. PERRY KUPFERMA	SR. VICE PRESIDENT	520 MARYVILLE CENTRE D	ST. LOUIS	MO	63141	
6 JOSEPH R. McCRAW	SR VP/CHIEF MKT OFFICER	520 MARYVILLE CENTRE D	ST. LOUIS	MO	63141	
7 BRENT GRIGGS	VICE PRESIDENT/OPERATION	2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
8 RICHARD J. BIELEN	VICE PRESIDENT/INVESTMEN	2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
9 CARL THIGPEN	VICE PRESIDENT/INVESTMEN	2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
10 T. MICHAEL PRESLEY	VICE PRESIDENT/ACTUARY	2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
11 WILLIAM L. McMULLE	VP/SEC/ASST TR	2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
12 DEBORAH J. LONG	GENERAL COUNSEL	2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
13 JERRY W. DEFOOR	VP	2802 HWY 280 SOUTH	BIRMINGHA	AL	35203	
14 JAMES W. WHITE	VP, PRODUCT MGT	520 MARYVILLE CENTRE D	ST. LOUIS	MO	63141	
15 MARK DOWNAR	ASST SEC/ASST TR	520 MARYVILLE CENTRE D	ST. LOUIS	MO	63141	
16 MARY McGOWAN	ASST SEC	2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
17 JERRY HYCHE	ASST SEC	2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
18 CHARLES D. EVERS, J	ASST SEC	2802 HWY 280 SOUTH	BIRMINGHA	AL	35203	
DIRECTORS:						
NAME		ADDRESS				
1 ROLAND G. ANDERSON		520 MARYVILLE CENTRE D	ST. LOUIS	MO	63141	
2 JOHN B. DEREMO		2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
3 LAWRENCE G. MERRILL		2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
4 JOHN R. SAWYER		2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	
5 STEVEN A. SCHULTZ		2801 HWY 280 SOUTH	BIRMINGHA	AL	35202	