

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

**FILED**  
**Jul 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P00100 (8)**

1. Corporation Name  
**AGL LIFE ASSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>900 HARVEST DR                  P.O. BOX 875                  BLUE BELL PA 19422                  US</b>	Mailing Address <b>900 HARVEST DR STE 200                  P.O. BOX 875                  BLUE BELL PA 19422</b>
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3. Date Incorporated or Qualified  
**12/02/1983**

2. Principal Place of Business <b>21 980 Harvest Drive</b> Suite, Apt. #, etc. <b>22 Suite # 200</b> City & State <b>23 Blue Bell, PA</b> Zip <b>24 19422</b>	Country <b>25 USA</b>	2a. Mailing Address <b>26 8801 Indian Hills Drive</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Omaha, NE</b> Zip <b>29 68114</b>	Country <b>30 USA</b>
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4. FEI Number  
**52-0795747** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fees 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

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
 THE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWE, ROBERT M</b>	1.2 NAME	<b>SEE ATTACHED</b>
STREET ADDRESS	<b>225 RAVENSCLIFF</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST DAVIDS PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VTD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILLMAN, JOHN K</b>	2.2 NAME	
STREET ADDRESS	<b>1406 UXBRIDGE WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N WALES PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, JOHN R.</b>	3.2 NAME	
STREET ADDRESS	<b>5220 MYSTREAM RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HATBORO PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARE, JOHN W.</b>	4.2 NAME	
STREET ADDRESS	<b>394 DERRY DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASTON PA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VC</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHICHESTER, RICHARD L.</b>	5.2 NAME	
STREET ADDRESS	<b>161 N. CLINTON ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOYLESTOWN PA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULEK, PAUL J.</b>	6.2 NAME	
STREET ADDRESS	<b>157 EDGE LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLINGBORO NJ</b>	6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)

**AGL LIFE ASSURANCE COMPANY**

**Officers:**

**Hillman, John K.:**

**Principal Occupation: President and Chief Executive Officer**

**Business Address: 980 Harvest Drive, Suite 200  
Blue Bell, PA 19422**

**Residence Address: 775 Morris Road  
Blue Bell, PA 19422**

**Social Security No.: 176-52-3135      Birthday: 9-18-59**

**Keim, Kent:**

**Principal Occupation: Director - Financial Reporting and Analysis**

**Business Address: 980 Harvest Drive, Suite 200  
Blue Bell, PA 19422**

**Residence Address: 115 Dudley Avenue  
Narberth, PA 19072**

**Social Security No.: 199-64-3079      Birthday: 3-14-70**

**Oberlies, Susan:**

**Principal Occupation: Vice President, Asst. General Counsel and Asst. Secretary**

**Business Address: 980 Harvest Drive, Suite 200  
Blue Bell, PA 19422**

**Residence Address: 439 Abington Avenue  
Glenside, PA 19038**

**Social Security No.: 185-48-9972      Birthday: 10-10-64**

Sulek, Paul J.:

Principal Occupation: Vice President - Operations

Business Address: 980 Harvest Drive, Suite 200  
Blue Bell, PA 19422

Residence Address: 157 Edge Lane  
Willingboro, NJ 08046

Social Security No.: 560-60-5472      Birthday: 2-28-44

Ware, John:

Principal Occupation: Vice President - Operations

Business Address: 980 Harvest Drive, Suite 200  
Blue Bell, PA 19422

Residence Address: 394 Derry Drive  
Aston, PA 19014

Social Security No.: 159-46-1368      Birthday: 1-14-54

White, John R.:

Principal Occupation: Vice President - Marketing

Business Address: 980 Harvest Drive, Suite 200  
Blue Bell, PA 19422

Residence Address: 5220 Ivystream Road  
Hatboro, PA 19040

Social Security No.: 183-42-6181      Birthday: 5-15-51

Spellman, Richard A.

Principal Occupation: Senior Vice President, General Counsel and Secretary

Business Address: 8801 Indian Hills Drive  
Omaha, NE 68114-4066

Residence Address: 705 North 57 Avenue  
Omaha, NE 68114

Social Security No.: 559-58-9424      Birthday: 10-3-42

Bomberger, David L.:

Principal Occupation: Treasurer

Business Address: 8801 Indian Hills Drive  
Omaha, NE 68114-4066

Residence Address: 15265 Pepperwood Drive  
Omaha, NE

Social Security No.: 505-80-7030      Birthday: 4-1-55

Burch, John:

Principal Occupation: Finance Vice President

Business Address: 8801 Indian Hills Drive  
Omaha, NE 68114-4066

Residence Address: 3608 South 102<sup>nd</sup> Street  
Omaha, NE 68114

Social Security No.: 486-46-2628      Birthday: 3-26-42

Cunningham, Charles D.:

Principal Occupation: Vice President - Law

Business Address: 8801 Indian Hills Drive  
Omaha, NE 68114-4066

Residence Address: 2103 Brookside Avenue  
Omaha, NE 68124

Social Security No.: 540-58-3764      Birthday: 2-14-60

AGL LIFE ASSURANCE COMPANY

**Directors:**

Bates, Robert D.:

Business Address: 8801 Indian Hills Drive  
Omaha, NE 68114-4066

Residence Address: 8910 Douglas Court  
Omaha, NE

Social Security No.: 492-40-5613      Birthday: 9-12-41

Gardner, J.D. "Wayne":

Business Address: 8801 Indian Hills Drive  
Omaha, NE 68114-4066

Residence Address: 6052½ Country Club Oaks Place  
Omaha, NE 68152

Social Security No.: 418-64-7203      Birthday: 7-24-47

Cooley, Theodore C.:

Business Address: 8801 Indian Hills Drive  
Omaha, NE 68114-4066

Residence Address: 1615 South 189<sup>th</sup> Street  
Omaha, NE

Social Security No.: 229-52-0020      Birthday: 6-11-41

Rezniak, Bernard W.:

Business Address: 8801 Indian Hills Drive  
Omaha, NE 68114-4066

Residence Address: 14341 Hamilton Street  
Omaha, NE

Social Security No.: 505-42-5264      Birthday: 12-7-36

Scribante, A.J.:

Business Address: 8801 Indian Hills Drive  
Omaha, NE 68114-4066

Residence Address: 401 Fairacres Road  
Omaha, NE

Social Security No.: 515-22-4134      Birthday: 1-7-30

Welsh, William F. II:

Business Address: 8801 Indian Hills Drive  
Omaha, NE 68114-4066

Residence Address: 21917 Quail Ridge Drive  
Elkhorn, NE

Social Security No.: 448-40-6446      Birthday: 8-14-41

Hillman, John K.:

Business Address: 980 Harvest Drive, Suite 200  
Blue Bell, PA 19422

Residence Address: 775 Morris Road  
Blue Bell, PA 19422

Social Security No.: 176-52-3135      Birthday: 9-18-59