

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01957 (0)
1. Corporation Name
AMERICAN CONTINENTAL LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
**540 LAKE COOK ROAD
DEERFIELD IL 60015
US** **540 LAKE COOK ROAD
DEERFIELD IL 60015
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/09/1984** 3a. Date of Last Report **04/22/1994**
4. FEI Number **73-6095123** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**FLORIDA STATE 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

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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	LAPE, WILLIAM E	525 E BLODGETT	LAKE BLUFF IL
C	BECKER, BERNARD F. III	1760 KNOLLWOOD LN.	LAKE FOREST IL
D	CALDWELL, GEORGE B.	8765 W HIGGINS RD S410	CHICAGO IL
D	FACEY, FREDERICK L. M.D	323 N PRAIRIE AVE S208	INGLEWOOD CA
D	FRENCH, RONALD, J., MD	3525 PRYTANIA ST	NEW ORLEANS LA
SVP	HERMAN, JOSEPH R	1935 VICTORIA RD	MUNDELEIN IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Joseph R. Herman* **Joseph R. Herman** **4/24/95** **(708) 940-7550**

Signature and typed or printed name of signing officer or director

Date

Registered Agent