

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**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90156 026 \*\*\*150.00

DOCUMENT # P01957

1. Corporation Name

AMERICAN CONTINENTAL LIFE INSURANCE COMPANY

Principal Place of Business

540 LAKE COOK ROAD  
DEERFIELD IL 60015  
US

Mailing Address

540 LAKE COOK ROAD  
DEERFIELD IL 60015  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1984

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 owes the current year Intangible  
Personal Property Tax. ☐ 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

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 ☐ DELETE

NAME  
P GRECE, PHILIP W  
STREET ADDRESS  
3113 STONEGATE  
CITY-ST-ZIP  
CRYSTAL LAKE IL

TITLE ☐ DELETE

NAME  
D BECKER, BERNARD F. III  
STREET ADDRESS  
1760 KNOLLWOOD LN.  
CITY-ST-ZIP  
LAKE FOREST IL

TITLE ☐ DELETE

NAME  
D CALDWELL, GEORGE B.  
STREET ADDRESS  
205 W. TOUHY AVE.  
CITY-ST-ZIP  
PARK RIDGE IL

TITLE ☐ DELETE

NAME  
D FACEY, F L MD  
STREET ADDRESS  
323 N PRAIRIE AVE S208  
CITY-ST-ZIP  
INGLEWOOD CA

TITLE ☐ DELETE

NAME  
D BARR, RICHARD R.  
STREET ADDRESS  
10429 PRESTWICK N.E.  
CITY-ST-ZIP  
ALBUQUERQUE NM

TITLE ☐ DELETE

NAME  
SVPC HERMAN, JOSEPH R  
STREET ADDRESS  
14483 TWIN LAKES COURT  
CITY-ST-ZIP  
GREEN OAKS IL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5215 Old Orchard Rd, Ste.700  
Skokie, IL 60077

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph R. Herman 2/10/99 847/374-2321

CR2E034 (11/98)