FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P03683** **(0)**

1. Corporation Name

ASSURED INVESTORS LIFE COMPANY

Principal Place of Business	Mailing Address
2700 COLORADO AVE. SANTA MONICA CA 90404	2700 COLORADO AVE. SANTA MONICA CA 90404

3. Date Incorporated or Qualified: **10/12/1984**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **84-0592412** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	LONDON, ALAN, E		12 NAME	Michael W. Gallo	
STREET ADDRESS	2700 COLORADO AVE		13 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA 90404		14 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	21 TITLE	Sr.VP/S	☒ Change ☐ Addition
NAME	BROWN, SCOTT M		22 NAME		
STREET ADDRESS	2700 COLORADO AVE		23 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA 90404		24 CITY-ST-ZIP		
TITLE	VAT	☐ DELETE	31 TITLE	V/T	☒ Change ☐ Addition
NAME	MCMULLEN, TERENCE P		32 NAME		
STREET ADDRESS	2700 COLORADO AVE		33 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA 90404		34 CITY-ST-ZIP		
TITLE	VPO	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	RIDDLE, CLIVE		42 NAME		
STREET ADDRESS	2700 COLORADO AVE.		43 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA 90404		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BROWN, SCOTT M		52 NAME		
STREET ADDRESS	2700 COLORADO AVE.		53 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA 90404		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is accurate, filed and 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: Scott M. Brown — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott M. Brown Sr.VP/Secretary 310/998-8427

4/1/96