Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Appla able \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business M MARY VIHARE



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03683 1. Corporation Name

ASSURED INVESTORS LIFE COMPANY

3820 STATE STREET SANTA BARBARA CA 93105		3820 STATE STREET SANTA BARBARA CA 93105		
2	Principal Place of Business	2a. Mailing Address		
21		_ [26]		
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	<u> </u>	27		
_	City & State	City & State		
23		28		
	Zip Country	Zip Cauntry		
24	[25]	[30]		
	9. Name and Address of	Current Registered Agent		

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

8. This corp iration owes the current year Intangible Personal Property Tax 10. Name and Address of New Registered Agent 81 Name **B2** Street Address (P.O. Box Number is Not Arceptable) 83

3. Date Incorporated or Qualified

5. Confloate of Status Depred.

Trast Fund Contribution

6. Евестон Сатроди Гіпалісна — []

10/12/1984 4. FELN.imber

84-0592412

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 beard of directors. There by accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

12.	Signature, typed or printed name of registered agent and title if apply able OFFICERS AND DIRECTORS	(DOTTE B)	eyistercid Ayeld sijilistilik. ≣ 13.	fa i o
TITLE		[LDELETE	1110.6	P
NAME	SHELEY, MICHAEL G		1.2 NAME	R
STREET ADDRESS			13 STREET ADORESS	10
CITY-ST-ZIP	SANTA BARBARA CA 93105		14 CHY-SI-Zer	Mo
TITLE		[KOELETE	213-116	PIC
NAME	BROWN, SCOTT M		2.2 NAM	İ
STREET ADDRESS	3820 STATE STREET		23 STREET ADDRESS	3
CITY-ST-2IP	SANTA BARBARA CA 93105		2.4 Orty-51-26	
TITLE	٧	[] DELETE	3 1 Tif. F	
NAME	LEUTHAUSER, TERRY		3.2 NAME	
STREET ADDRESS	3820 STATE STREET		3.3 STREET ADORESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105		34 CHY-ST ZIF	
TITLE	T	[DELETE	4.1 TiTLE	
NAME	MILLS, ROBERT		4.2 NAUE	ļ
STREET ADDRESS	3820 STATE STREET		43 STREET ADDRESS	İ
CITY-ST-ZIP	SANTA BARBARA CA 93105		4.4 CITY-\$1-7i-1	
TITLE	AS	K) DELETE	5 1 Title	
NAME	LUNDGREN, ALAN		5.2 NAME	
\$TREET ADDRESS	3820 STATE STREET		53.57REET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105		54 C/11-S1-ZP	
TITLE		[DELETE	6.1 TitleF	
NAME			6.2 NAM	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [|Change | ↓| |Addition lobert Mills 005 W. Orangeburg lodesto, CA 95350

DVS Richard B. Silver 3820 State Street Santa Barbara, CA 93105

500002850205--7 -04723739--01105--006 ****150,00 ****150,00

Add: no

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: 103

STREET ADDRESS City-St-ZP

