2002 UNIFORM BUSINESS REPORT (UBR)								
	MENT # P0368	3			School of the Management of the second of th			
ASSURED INVESTORS LIFE COMPANY					FILED			
Principal Place of Business % MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105		Mailing Address  % Mary Yumibe 3820 State Street Santa Barbara CA 93105			O2 APR -9 PM 3: 07 SECRETARY OF STATE TALLAHASSEE, FLORIC			
2. Principal Place of Business 3. Mailing Address						[]		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	9	City & State		4. F	El Number <b>84-0592412</b>	<u> </u>	plied For	
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current R	egistered Agent		7. N	lame and Address of New Registered	Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Name	Name Street Address (P.O. Box Number is Not Acceptable)				
			Street Addre					
			City	City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its re	aistered office or real	stered ag	ent, or both, in the State of Florida.	1		
SIGNATURE _						,		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature req	uired when re	instating) DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			Election Campaign Financing     Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND D	IL DIRECTORS	12.	AD	I DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME Street Address City-St-Zip	P MILLS, ROBERT 1005 W. ORANGEBURG MODESTO CA 95350	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		200005452 -05/06/020	□ Change   252-	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA CA 93105	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		****150.00		769ition	
TITLE Name Street address City-St-Zip	V LEUTHAUSER, TERRY 3820 STATE STREET SANTA BARBARA CA 93105	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	T RIVAS, RAYMOND 1005 W. ORANGEBURG MODESTO CA 95350	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		MW	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>-</b> 0	☐ Change	Addition	

13. 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 report or supplemental 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 11 or Block 12 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