

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P07212 (4)

1. Corporation Name

AMERICAN CREDITORS LIFE INSURANCE COMPANY

FILED

95 JAN 25 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 17748
IRVINE CA 92713-7748
US

P.O. BOX 17748
IRVINE CA 92713-7748
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/26/1985

3a. Date of Last Report

06/08/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-2084782

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Country

29

Country

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
MONROE STREET
TALLAHASSEE FL 32301

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 of applicant.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOBB, NELSON
STREET ADDRESS	8 CONCORD CIRCLE
CITY-ST-ZIP	BALA LYNWYD PA
TITLE	VD
NAME	O'BRIEN, FRANK R.
STREET ADDRESS	501 ABBOTT DRIVE
CITY-ST-ZIP	BROOMZELL PA
TITLE	STD
NAME	ROSENBLUM, JOEL M
STREET ADDRESS	8 HOLLOW GLEN
CITY-ST-ZIP	IRVINE CA
TITLE	D
NAME	BOBB, GAIL
STREET ADDRESS	8 CONCORD CIR.
CITY-ST-ZIP	BALA CYNWYD PA
TITLE	D
NAME	ROSENBLUM, ARTHUR
STREET ADDRESS	6111 ANAPOLIS ST.
CITY-ST-ZIP	HOUSTON TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	BROOMZELL PA
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	

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:

Nelson Bobb

NELSON BOBB

1/17/95

(714) 474-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR