

SHARES: []

11) PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9: 0

12) TYPE OF REPORTING PERSON: IC

CUSIP No. 413833104

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- Item 1. (a) NAME OF ISSUER: Harris & Harris Group, Inc.
- Item 1. (b) ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:
One Rockefeller Plaza, New York, New York 10020
- Item 2. (a) NAME OF PERSON FILING: American Bankers Life
Assurance Company of Florida
- Item 2. (b) ADDRESS OF PRINCIPAL BUSINESS OFFICE: 11222 Quail
Roost Drive, Miami, Florida 33157
- Item 2. (c) CITIZENSHIP: Domiciled in Florida
- Item 2. (d) TITLE OF CLASS OF SECURITIES: Equity
- Item 2. (e) CUSIP NUMBER: 413833104
- Item 3. (a) //
- Item 3. (b) //
- Item 3. (c) /X/ Insurance company, as defined in Section 3(a)(19)
of the Act (15 U.S.C.78c)
- Item 3. (d) //
- Item 3. (e) //
- Item 3. (f) //
- Item 3. (g) //
- Item 3. (h) //
- Item 3. (i) //

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Item 4. OWNERSHIP:

- (a) Amount Beneficially Owned: 537,635
- (b) Percent of Class: 5.1%
- (c) NUMBER OF SHARES AS TO WHICH SUCH PERSON HAS:
- (I) Sole Power to vote or to direct the vote: 0
- (II) Shared Power to vote or direct the vote: 0
- (III) Sole Power to dispose or to direct the
disposition of: 0

(IV) Shares Power to dispose or to direct the disposition of: 0

Item 5. OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS: N/A

Item 6. OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER: N/A

Item 7. IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY: N/A

Item 8. IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP: N/A

Item 9. NOTICE OF DISSOLUTION OF GROUP: N/A

Item 10. CERTIFICATION: By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purposes of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

SIGNATURE: After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: March 18, 1999

By: American Bankers Life Assurance Company of Florida

/s/ Leonard Garcia

Leonard Garcia, SVP
Investments Department