2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State
06-15-2001 90169 050 ***150.00
07-17-2001 90007 016 ***400.00

DOCUMENT # 808858

1. Entity Name
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COM

Principal Place of Business	Mailing Address
1055 BROADWAY KANSAS CITY MO 64105	P.O. BOX 13487 KANSAS CITY MO 64199-3487

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 35-0810610 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE, FL, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MULLER, GARY L.		NAME		
STREET ADDRESS	300 WEST 11TH		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		CITY-ST-ZIP		
TITLE	DC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MERRIMAN, MICHAEL A.		NAME		
STREET ADDRESS	300 WEST 11TH		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PARK, MAJOR W		NAME		
STREET ADDRESS	300 WEST 11TH		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64105		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAHAM, ROBERT J.		NAME		
STREET ADDRESS	300 WEST 11TH		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		CITY-ST-ZIP		
TITLE	VT	☐ Delete	TITLE	SVP T	☐ Change ☐ Addition
NAME	JENKINS, GARY E		NAME	Jenkins, Gary E	
STREET ADDRESS	300 WEST 11TH		STREET ADDRESS	300 West 11th	
CITY-ST-ZIP	KANSAS CITY MO		CITY-ST-ZIP	Kansas City, MO 64105	
TITLE	AT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCLAFLIN, JOHN C		NAME		
STREET ADDRESS	300 WEST 11TH ST.		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64105		CITY-ST-ZIP		

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: _____ 6/5/01 816-391-2136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #