

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03683 1. Entity Name ASSURED INVESTORS LIFE COMPANY	
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Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240	Mailing Address 13737 NOEL ROAD STE. 100 ATTN: DONNA JARRELL DALLAS, TX 75240
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DO NOT WRITE IN THIS SPACE

FILED

2008 FEB 27 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 84-0592412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

[Handwritten Signature]

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOCKEN, JEFFERY 13737 NOEL ROAD, STE 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSEN, CAITLIN M 13737 NOEL ROAD STE. 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, JEFFREY S 13737 NOEL ROAD STE. 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MACK, KRISTINA A 13737 NOEL ROAD STE. 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/08--01015--024 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kristina A. Mack* Kristina A. Mack, Assistant Secretary *1-11-08* 469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #