

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850210

1. Entity Name

AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPA

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90004 022 ***150.00

Principal Place of Business

Mailing Address

922 WALNUT
SUITE 619
KANSAS CITY MO 64106

922 WALNUT
SUITE 619
KANSAS CITY MO 64108-4317

2. Principal Place of Business

323 W. 8th St.

3. Mailing Address

323 W. 8th St.

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

City & State

4. FEI Number

44-0617151

Applied For

Not Applicable

Zip

64105

Country

Zip

64105

Country

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

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

C
MCPHERSON, A W
P.O. BOX 690 N/A
JEFFERSON CITY MO 65102-0690

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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D
HOBBS, WILLIAM R
922 WALNUT SUITE 619
KANSAS CITY MO 64106

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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

4/3/00

816-842-6605

Date

Daytime Phone #