

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **850210**

1. Entity Name

American Financial Security Life Insurance  
Company In Rehabilitation

**FILED**

02 APR 29 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

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  
Kansas City, MO

City & State  
Kansas City, MO

Zip  
64105

Country

Zip  
64105

Country

4. FEI Number  
44-0617151

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
Insurance Commissioner

Street Address (P.O. Box Number is Not Acceptable)

Capitol Bldg.

City Tallahassee FL Zip Code 92301

**DO NOT WRITE  
IN THIS SPACE**

6. 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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$350.00  
Amended UBR is \$41.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director MO Department of Ins.  
Scott Lakin  
301 W. High Room 530  
Jefferson City, MO 65101

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Ass't General Counsel & Receivership  
Supervisor MDI  
Diane Garber  
301 W. High Room 530  
Jefferson City, MO 65101

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane Garber* Diane Garber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*as Assistant General Counsel and Receivership Supervisor*  
3-25-2002  
816-842-6605  
Date 3/25/02 Daytime Phone #

attachment  
FEI # 44-0617151  
REHABILITATOR FOR  
AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY  
323 WEST 8TH STREET, SUITE 202, LUCAS PLACE  
KANSAS CITY, MO 64105  
816-842-6605

2 of 2

March 18, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: American Financial Security Life  
FEI # 44-0617151

Per an inquiry with your department, it was confirmed that our Uniform Business Report was returned undelivered last year.

With this filing and our check in the amount of \$300.00, I understand that reinstatement will be complete. I also understand that any reinstatement penalty will be waived since our prior year report was returned undelivered.

Thank you for your assistance in resolving this issue.

Sincerely,

*Linda S. Schroeder*

Linda S. Schroeder  
Accountant for the Rehabilitation