2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 850210

Entity Name: AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

1750 ELM ST
SUITE 200
MANCHESTER, NH 03104

New Principal Place of Business:

120 SOUTH CENTRAL AVENUE
SUITE 400
CLAYTON, MO 63105

Current Mailing Address:

10308 METCALF AVE.
PMB #275
OVERLAND PARK, KS 662121800

New Mailing Address:

FEI Number: 44-0617151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LALLY, PAULINE
Address: 1750 ELM ST
City-St-Zip: MANCHESTER, NH 03104

Title: SD ( ) Delete
Name: MILNES, JOHN
Address: 1750 ELM ST
City-St-Zip: MANCHESTER, NH 03104

Title: D ( ) Delete
Name: BELLAMARE, ANDRE
Address: 1250 DE L'ISLET, #209
City-St-Zip: QUEBEC, QC QC G2K 2H

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAMILLERI, MICHAEL
Address: 55 NE 5TH AVENUE, SUITE 502
City-St-Zip: BOCA RATON, FL 33432

Title: CEO (X) Change ( ) Addition
Name: CAMILLERI, MICHAEL
Address: 55 NE 5TH AVENUE, SUITE 502
City-St-Zip: BOCA RATON, FL 33432

Title: SD (X) Change ( ) Addition
Name: SONNENBERG, MICHAEL
Address: 100 GARDEN CITY PLAZA, SUITE 102
City-St-Zip: GARDEN CITY, NY 11530

Title: CFO ( ) Change (X) Addition
Name: SONNENBERG, MICHAEL
Address: 100 GARDEN CITY PLAZA, SUITE 102
City-St-Zip: GARDEN CITY, NY 11530

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CAMILLERI P 04/01/2009

Electronic Signature of Signing Officer or Director — Date