

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808858

Entity Name: AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY**Current Principal Place of Business:**300 W. 11TH STREET
KANSAS CITY, MO 64105**Current Mailing Address:**300 W. 11TH STREET
KANSAS CITY, MO 64105**FEI Number: 35-0810610****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

Title	DP
Name	MULLER, GARY L
Address	300 WEST 11TH
City-State-Zip:	KANSAS CITY MO 64105

Title	VPD
Name	GRAHAM, ROBERT J.
Address	300 WEST 11TH
City-State-Zip:	KANSAS CITY MO 64105

Title	VPD
Name	HAMILTON, GREGORY A
Address	300 WEST 11TH ST.
City-State-Zip:	KANSAS CITY MO 64105

Title	VPS
Name	FORTINI, JACK L
Address	300 WEST 11TH
City-State-Zip:	KANSAS CITY MO 64105

Title	TD
Name	FALLON, MARK K
Address	300 WEST 11TH
City-State-Zip:	KANSAS CITY MO 64105

Title	D
Name	FOSTER, RODNEY K
Address	300 WEST 11TH STREET
City-State-Zip:	KANSAS CITY MO 64105

I hereby 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 all other like empowered.

SIGNATURE: JACK L. FORTINI**VPS****01/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date