


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 808858

1. Entity Name
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY



Principal Place of Business
**300 W. 11TH STREET
 KANSAS CITY, MO 64105**

Mailing Address
**P.O. BOX 410288
 KANSAS CITY, MO 64141-0288**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-0810610 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

DO NOT WRITE 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 reinstalling)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	COBD
NAME	MULLER, GARY L.
STREET ADDRESS	300 WEST 11TH
CITY-ST-ZIP	KANSAS CITY, MO 64105
TITLE	S
NAME	PARK, JR., MAJOR W
STREET ADDRESS	300 WEST 11TH
CITY-ST-ZIP	KANSAS CITY, MO 64105
TITLE	VD
NAME	GRAHAM, ROBERT J.
STREET ADDRESS	300 WEST 11TH
CITY-ST-ZIP	KANSAS CITY, MO 64105
TITLE	TD
NAME	FALLON, MARK K
STREET ADDRESS	300 WEST 11TH
CITY-ST-ZIP	KANSAS CITY, MO 64105
TITLE	PD
NAME	MARDEN, WILLIAM T
STREET ADDRESS	300 WEST 11TH ST.
CITY-ST-ZIP	KANSAS CITY, MO 64105
TITLE	D
NAME	CHARBONNEAU, THOMAS J
STREET ADDRESS	427 WEST 12TH
CITY-ST-ZIP	KANSAS CITY, MO 64105

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 01/23/06-80017-019 158.75

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: Major W. Park, Jr. **MAJOR W. PARK, JR.** 01-09-06 816-391-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #