

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808858

FILED
Feb 17, 2010
Secretary of State

Entity Name: AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

Current Principal Place of Business:

300 W. 11TH STREET
KANSAS CITY, MO 64105

New Principal Place of Business:

Current Mailing Address:

300 W. 11TH STREET
KANSAS CITY, MO 64105

New Mailing Address:

FEI Number: 35-0810610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: DCOB
Name: MULLER, GARY L
Address: 300 WEST 11TH
City-St-Zip: KANSAS CITY, MO 64105

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

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

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

Title: PD
Name: MARDEN, WILLIAM T
Address: 300 WEST 11TH ST.
City-St-Zip: KANSAS CITY, MO 64105

Title: D
Name: MERRIMAN, MICHAEL A
Address: 300 WEST 11TH STREET
City-St-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

02/17/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date