

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812806

FILED
Aug 05, 2008
Secretary of State

Entity Name: AMERICAN INCOME LIFE INSURANCE COMPANY

Current Principal Place of Business:

1200 WOODDED ACRES DRIVE
WACO, TX 76710

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2608
WACO, TX 76797

New Mailing Address:

FEI Number: 74-1365936 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: SMITH, ROGER
Address: 3700 S STONEBRIDGE DR
City-St-Zip: MCKINNEY, TX 75070

Title: VS () Delete
Name: GAMBLE, DEBRA K
Address: 1200 WOODDED ACRES
City-St-Zip: WACO, TX 76710

Title: VST () Delete
Name: MULL, RANDALL D
Address: 1200 WOODDED ACRES
City-St-Zip: WACO, TX 76710

Title: D () Delete
Name: HUTCHISON, LARRY M
Address: 1107 GREENHILLS RD.
City-St-Zip: DUNCANVILLE, TX 75137

Title: D () Delete
Name: COLEMAN, GARY L
Address: 2105 BRANDRIS
City-St-Zip: RICHARDSON, TX 75082

Title: VP () Delete
Name: ROGERS, JOHN H
Address: 1200 WOODDED ACRES DR
City-St-Zip: WACO, TX 76710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN ROGERS

VP

08/05/2008

Electronic Signature of Signing Officer or Director

_____ Date