FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844406 (9)

1. Corporation Name

AMERICAN INVESTORS LIFE INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
415 SOUTHWEST 8TH AVENUE P.O. BOX 2039 TOPEKA KS 66601	415 SOUTHWEST 8TH AVENUE P.O. BOX 2039 TOPEKA KS 66601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/22/1979	3a. Date of Last Report: 03/22/1994
4. FEI Number: 48-0696320	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
200 EAST GAINES ST
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	HEITZ,MARK V.	1.2 NAME	
STREET ADDRESS	521 DANBURY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	ADAMS, JOHN QUINCY JR.	2.2 NAME	Delete
STREET ADDRESS	R.R. #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	KINCAID KS	2.4 CITY-ST-ZIP	
TITLE	VTS	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMMES, LYNN F.	3.2 NAME	
STREET ADDRESS	4527 SE 25TH	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	LASTER, JR., RALPH W.	4.2 NAME	
STREET ADDRESS	5646 SW 33RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BILLINGS, ROBERT G.	5.2 NAME	
STREET ADDRESS	1503 MEDINAH CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE KS	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	ATHA, ALLEN JR	6.2 NAME	
STREET ADDRESS	2797 SW BOSWELL AV	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an asterisk.

SIGNATURE: Lynn F. Hammes 02/27/95 913-295-4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lynn F. Hammes, Senior Vice-President/CFO

0450000 FN

ADDITIONAL OFFICERS:

1. V
   Allen Atha, III
   1626 S, W. Withdean Rd
   Topeka, KS 66611

2. V
   Clayton Lee Burklund
   3700 S. E. 27th Terr
   Topeka, KS 66605

3. V
   Virgina Lee Dougan
   Route 1, Box 393
   Meriden, KS 66512

4. V
   Lawrence Joseph Bruning
   2442 S. W. Pepperwood Cir
   Topeka, KS 66614

5. V
   Edward Eugene Hood
   2523 S. W. Golfview Dr
   Topeka, KS 66614

6. V
   Timothy Scott Reimer
   2204 Rodeo Dr
   Lawrence, KS 66044

ADDITIONAL DIRECTORS:

1. D
   Janis L. Andersen
   2201 Stratford Rd
   Shawnee Mission, KS 66208

2. D
   Robert T. McElroy, M.D.
   1431 S. W. Pembroke Lane
   Topeka, KS 66604

3. D
   Robert E. Lee, M.D.
   4444 N. Webb Rd
   Wichita, KS 67207

4. D
   Robert E. Lee, II
   1027 Rosalie
   Wichita, KS 67204