FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **10/22/1979**
3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO	☐ DELETE	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	VTS	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	HAMMES, LYNN F.		2 2 NAME	
STREET ADDRESS	4527 SE 25TH		2 3 STREET ADDRESS	
CITY ST ZIP	TOPEKA KS		2 4 CITY ST ZIP	
TITLE	DP	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	LASTER, JR., RALPH W.		3 2 NAME	
STREET ADDRESS	5646 SW 33RD		3 3 STREET ADDRESS	
CITY ST ZIP	TOPEKA KS		3 4 CITY ST ZIP	
TITLE	D	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	BILLINGS, ROBERT G.		4 2 NAME	
STREET ADDRESS	1503 MEDINAH CIR.		4 3 STREET ADDRESS	
CITY ST ZIP	LAWRENCE KS		4 4 CITY ST ZIP	
TITLE	V	☒ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME	ATHA, ALLEN JR		5 2 NAME	
STREET ADDRESS	2797 SW BOSWELL AV		5 3 STREET ADDRESS	
CITY ST ZIP	TOPEKA KS		5 4 CITY ST ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY ST ZIP			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 address.

SIGNATURE: Lynn F. Hammes **Lynn F. Hammes, Sr.V.P./CFO** **01/17/96** **913-295-4456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)