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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 415 SOUTHWEST 8TH AVENUE
P.O. BOX 2039 P.O. BOX 2039
TOPEKA KS 66601 TOPEKA KS 66601-2039



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 555 S. Kansas Avenue		26 555 S. Kansas Avenue		10/22/1979		02/07/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27 P. O. Box 2039		48-0696320		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Topeka, KS		28 Topeka, KS		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 66601-2039T		29 66601-2039		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature: typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Signature]
Lynn F. Hammes, Senior Vice-President/CFO

01/03/97

913-295-4456

Date

Daytime Phone #

050721R

CR2E034 (9/96)