## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 21 1997 8:00am

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # 844406

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AMERICAN INVESTORS LIFE INSURANCE COMPANY, INC.

Disposal Disposit Discount	Bankun Addunga			liaki disti dibil akati minit miaki kani
Principal Place of Business	Mailing Address			6.611 = (611 6161) \$1511 \$1511 \$1611 (561
415 SOUTHWEST BTH AVENUE P.O. BOX 2039	415 SOUTHWEST 8TH AVENUE P.O. BOX 2039			
TOPEKA KS 66601	TOPEKA KS 66601-2039			
			3. Date Incorporated or Qualified	3a. Date of Last Report
			10/22/1979	02/07/1996
2. Principal Place of Business	2a. Mailing Address	<b>.</b>	4. FEI Number	Applied For
555 S. Kansas Avenue	26 555 S. Kans	as Avenue	48-0696320	Not Applicable
Suite, Apt_#, ctc ⊡1	Suite, Apl #, etc.	000	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	27 P. O. Box 29 City & State	039	6 Flaction Compaign Financing	
Topeka, KS	Za Topeka, KS		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has tiability for in	
4 66601-2039T 25	29 66601-2039	30		Yes XXVo
9. Name and Address of Curro	ent Registered Agent	11	10. Name and Address of New Reg	
STATE INSURANCE COMMISSION	ER	81 Name		
200 EAST GAINES ST	_, .	82 Street Ad	dress (P.O. Box Number is Not Acceptable	/4
TALLAHASSEE FL 32399		Street Ad	MINDS (1.0. DOX NUMBER IS NOT ACCEPTABLE	
		83		
		84 City		85 Zip Code
		[04]		FL [* ]
<ol> <li>Pursuant to the provisions of Sections 607 06 office or registered agent, or both, in the Sta</li> </ol>	502 and 607 1508, Florida Stat	utes, the above-named co	prporation submits this statement for the pr	urpose of changing its registere
agent. Lam familiar with land accept the obli	ite of Florida. Such change wa: ligations of Section 607.0505. i	s aumonizeo by the corpor Florida Statutes.	ration's board or directors. I hereby accep-	t the appointment as registered
š i				
SIGNATURE Signature Appara or printed name of registore dis		OTE Registered Agent signature req		DATE
SIGNATURE Signature Appear or product name of registration of the state of the stat	ND DIRECTORS	OTE Registered Agent signature req	quired when reinstating)  ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
SIGNATURE Signature types or present name of registres to the CERS A LITTLE CD				
SIGNATURE Signature typical or printed name of registres is a  12. OFFICERS A  TITLE CD  NAME HEITZ,MARK V.	ND DIRECTORS	13.		ERS AND DIRECTORS IN 12
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Tammes, Senfor Vice President/CFO