

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844406

1. Entity Name

AMERICAN INVESTORS LIFE INSURANCE COMPANY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90053 003 ***150.00

Principal Place of Business

555 S KANSAS AVENUE
TOPEKA KS 66601
US

Mailing Address

555 S KANSAS AVE
P O BOX 2039
TOPEKA KS 66601-2039
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

48-0696320

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
200 EAST GAINES ST
TALLAHASSEE FL 32399

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HEITZ, MARK V. ☐ Delete
STREET ADDRESS 521 DANBURY LANE
CITY-ST-ZIP TOPEKA KS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME MILLOR, MICHAEL H. ☐ Delete
STREET ADDRESS 2009 CARMEL DRIVE
CITY-ST-ZIP LAWRENCE KS 66047

TITLE ☒ Change ☐ Addition
NAME Miller, Michael H.
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BILLINGS, ROBERT G. ☒ Delete
STREET ADDRESS 1503 MEDINAH CIR.
CITY-ST-ZIP LAWRENCE KS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME FOGT, THOMAS M ☐ Delete
STREET ADDRESS 555 S KANSAS AVE
CITY-ST-ZIP TOPEKA KS 66603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVD ☐ Change ☒ Addition
NAME Atha, Allen III
STREET ADDRESS 555 S. Kansas Avenue
CITY-ST-ZIP Topeka, KS 66603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COOV ☐ Change ☒ Addition
NAME Godlasky, Thomas C.
STREET ADDRESS 699 Walnut Street
CITY-ST-ZIP Des Moines, IA 50309

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Michael H. Miller* Michael H. Miller, Secretary

4/12/00

(785) 232-6945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)