

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90019 021 \*\*\*150.00

**DOCUMENT # 844406**

1. Entity Name  
**AMERICAN INVESTORS LIFE INSURANCE COMPANY,  
INC.**



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**

2400000000



2. Principal Place of Business

3. Mailing Address

**699 Walnut Street**

08172004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1400**

City & State

City & State

**Des Moines, IA**

Zip

Country

Zip

Country

**50309**

**U.S.**

4. FEI Number

**48-0696320**

Applied For

Not Applicable

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V ☐ Change ☒ Addition  
NAME Muge, Mark S.  
STREET ADDRESS 699 Walnut Street  
CITY-ST-ZIP Des Moines, IA 50309

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

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

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

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

TITLE TD ☐ Delete  
NAME HAMMOND, MARK K  
STREET ADDRESS 555 S KANSAS AVE  
CITY-ST-ZIP TOPEKA, KS 66603

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

TITLE EVD ☐ Delete  
NAME ATHA, ALLEN III  
STREET ADDRESS 555 S KANSAS AVE  
CITY-ST-ZIP TOPEKA, KS 66603

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

TITLE COOV ☐ Delete  
NAME GODLASKY, THOMAS C  
STREET ADDRESS 699 WALNUT STREET  
CITY-ST-ZIP DES MOINES, IA 50309

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mark S Muge* Mark S Muge

Date

Daytime Phone #

8/17/04

515-557-3935