

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90120 009 ***150.00

20062492



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 699 WALNUT STREET STE 1400 DES MOINES, IA 50309 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07052005 Chg-P CR2E034 (10/03)

4. FEI Number 48-0696320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEITZ, MARK V.			NAME			
STREET ADDRESS	521 DANBURY LANE			STREET ADDRESS			
CITY - ST - ZIP	TOPEKA, KS			CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, MICHAEL H			NAME			
STREET ADDRESS	2009 CARMEL DRIVE			STREET ADDRESS			
CITY - ST - ZIP	LAWRENCE, KS 66047			CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUGGE, MARK S			NAME			
STREET ADDRESS	699 WALNUT STREET			STREET ADDRESS			
CITY - ST - ZIP	DES MOINES, IA 50309			CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMOND, MARK K			NAME			
STREET ADDRESS	555 S KANSAS AVE			STREET ADDRESS			
CITY - ST - ZIP	TOPEKA, KS 66603			CITY - ST - ZIP			
TITLE	EVD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATHA, ALLEN III			NAME			
STREET ADDRESS	555 S KANSAS AVE			STREET ADDRESS			
CITY - ST - ZIP	TOPEKA, KS 66603			CITY - ST - ZIP			
TITLE	EVD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODLASKY, THOMAS C			NAME			
STREET ADDRESS	699 WALNUT STREET			STREET ADDRESS			
CITY - ST - ZIP	DES MOINES, IA 50309			CITY - ST - ZIP			

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 another like empowered.

SIGNATURE: Mark S. Mugge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/05
Date

515-557-3935
Daytime Phone #