


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90016 029 ***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 699 WALNUT STREET STE 1400 DES MOINES, IA 50309 US
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20018072

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03132006 Chg-P CR2E034 (11/05)

4. FEI Number 48-0696320	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	

7. Name and Address of New Registered Agent	
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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PD HEITZ, MARK V. 521 DANBURY LANE TOPEKA, KS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete S MILLER, MICHAEL H 2009 CARMEL DRIVE LAWRENCE, KS 66047
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete V MUGGE, MARK S 699 WALNUT STREET DES MOINES, IA 50309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete TD HAMMOND, MARK K 555 S KANSAS AVE TOPEKA, KS 66603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete EVD ATHA, ALLEN III 555 S KANSAS AVE TOPEKA, KS 66603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete EVD GODLASKY, THOMAS C 699 WALNUT STREET DES MOINES, IA 50309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 Godlasky, Thomas C 699 Walnut Street Des Moines, IA 50309

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark S. Mugge **Mark S. Mugge** 3-13-06 (515) 557-3735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #