
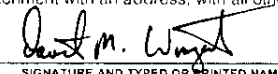


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90129 026 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 48-0696320	
Zip		Country		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	William Jeffrey Heng	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEITZ, MARK V.		NAME		
STREET ADDRESS	521 DANBURY LANE		STREET ADDRESS	699 Walnut Street, Des Moines, IA 50309	
CITY - ST - ZIP	TOPEKA, KS		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Bob Charles Speake	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, MICHAEL H		NAME		
STREET ADDRESS	2009 CARMEL DRIVE		STREET ADDRESS	555 S Kansas Ave, Topeka, KS 66603	
CITY - ST - ZIP	LAWRENCE, KS 66047		CITY - ST - ZIP		
TITLE	V	<input checked="" 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 checked="" 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	CD	<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 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:  David M. Wingert <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7/9/2007 Daytime Phone #: 515-362-3678		

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