


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90054 027 \*\*\*150.00

|                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 850210</b>                                                    |  |
| 1. Entity Name<br><b>AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY</b> |                                                                                   |

|                                                                                          |                                                                                            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1750 ELM ST<br/>SUITE 200<br/>MANCHESTER, NH 03104</b> | Mailing Address<br><b>10308 METCALF AVE.<br/>PMB #275<br/>OVERLAND PARK, KS 66212-1800</b> |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

40000000



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

03262007 Chg-P CR2E034 (12/06)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>44-0617151</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                                                                         |                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>CHIEF FINANCIAL OFFICER<br/>P O BOX 6200 (32314-6200)<br/>200 E. GAINES ST<br/>TALLAHASSEE, FL 32399-0000</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_

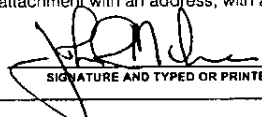
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>GEARHEART, CHRISTINE<br/>3270 SUNTREE BLVD., #213<br/>MELBOURNE, FL 32940</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President/Director<br/>Pauline Lally<br/>1750 Elm St.<br/>Manchester, NH 03104</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BEAUDOIN, SERGE J<br/>122 RUSTIC OAK DR<br/>SOUTHINGTON, CT 06489</b> <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>HOGAN, STEPHAN F<br/>1750 ELM ST<br/>MANCHESTER, NH 03104</b> <input checked="" type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>BERSOUX, HENRI R<br/>3270 SUNTREE BLVD., #213<br/>MELBOURNE, FL 32940</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Secretary<br/>John Milnes<br/>1750 Elm St.<br/>Manchester, NH -3104</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BELLAMARE, ANDRE<br/>1250 DE L'ISLET, #209<br/>QUEBEC, QC qc g2k 2h</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |

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:**



**John Milnes**

**913-341-1190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

40053698  
#850210

## AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY

10308 Metcalf Avenue  
PMB # 275

Overland Park, Kansas 66212-1800

Phone: (913) 341-1190 Fax: (913) 642-8432

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March 26, 2007

FLORIDA 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Box 11 Attachment

### Additions

Title: D  
Name: Jean-Maurice Bergeron  
Street Address: 360 Place Vanier  
City-St-Zip: Trois-Rivieres, QC G8Y 1B9

Title: D  
Name: Normand Morneault  
Street Address: 134 Medford  
City-St-Zip: Bristol, CT 06010

Title: D  
Name: Normand Stevenson  
Street Address: 315 rue Roy-Audy  
City-St-Zip: Boucherville, QC J4B 7E5

Title: D  
Name: Maria Silva-Hatch  
Street Address: 35 Back Chester Road  
City-St-Zip: Derry, NH 03038

**DELETE**

Title: D  
Name: Andre L. Letourneau  
Street Address: 265 Woddchuck Lane  
City-St-Zip: Harwington, CT 06791

Title: D  
Name: Michael Breault  
Street Address: 18 Toftree Lane  
City-St-Zip: Dover, NH 03820

**DELETE**

Title: D  
Name: Marcel Dupuis  
Street Address: 71 Kensington LN  
City-St-Zip: Bedford, NH 03110

Title: D  
Name: Daniel LaPointe  
Street Address: 133 Washington Ave.  
City-St-Zip: Vanburen, ME 04785-1086

**ADDITION**