


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 042 ***150.00

DOCUMENT # 850210 1. Entity Name AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY					
Principal Place of Business 1750 ELM ST SUITE 200 MANCHESTER, NH 03104			Mailing Address 10308 METCALF AVE. PMB #275 OVERLAND PARK, KS 66212-1800		
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	4. FEI Number 44-0617151	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LALLY, PAULINE 1750 ELM ST MANCHESTER, NH 03104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUDOIN, SERGE J 122 RUSTIC OAK DR SOUTHINGTON, CT 06489 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILNES, JOHN 1750 ELM ST MANCHESTER, NH 03104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLAMARE, ANDRE 1250 DE L'ISLET, #209 QUEBEC, QC qc g2k 2h <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u>Pauline L Lally</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Pauline Lally <u>4/3/08</u> <u>603-625-8577</u> <small>Date Daytime Phone #</small>		

ATTACHMENT

40066209
#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

March 27, 2008

FLORIDA 2008 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: Andre L. Letourneau
Street Address: 265 Woddchuck Lane
City-St-Zip: Harwington, CT 06791

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