

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 850210

FILED
Feb 10, 2011
Secretary of State

Entity Name: AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

120 SOUTH CENTRAL AVENUE
SUITE 400
CLAYTON, MO 63105

New Principal Place of Business:

Current Mailing Address:

10308 METCALF AVE.
PMB #275
OVERLAND PARK, KS 662121800

New Mailing Address:

FEI Number: 44-0617151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CAMILLERI, MICHAEL
Address: 55 NE 5TH AVENUE, SUITE 502
City-St-Zip: BOCA RATON, FL 33432

Title: CEO
Name: CAMILLERI, MICHAEL
Address: 55 NE 5TH AVENUE, SUITE 502
City-St-Zip: BOCA RATON, FL 33432

Title: SD
Name: SONNENBERG, MICHAEL
Address: 100 GARDEN CITY PLAZA, SUITE 102
City-St-Zip: GARDEN CITY, NY 11530

Title: CFO
Name: SONNENBERG, MICHAEL
Address: 100 GARDEN CITY PLAZA, SUITE 102
City-St-Zip: GARDEN CITY, NY 11530

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL CAMILLERI

PRES

02/10/2011

Electronic Signature of Signing Officer or Director

Date