

2006 FOR PROFIT CORPORATION ANNUAL REPORT


APPROVED
AND
FILED

06 FEB 24 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01192006 Chg-P CR2E034 (11/05)

DOCUMENT # P03683					
1. Entity Name ASSURED INVESTORS LIFE COMPANY					
Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240		Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240 ATTN: DONNA JARRELL			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 84-0592412	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 <i>Maria Ozaeta</i>		Maria Ozaeta		DATE	
		Vice President			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, ROBERT	NAME	NEWMAN, STEPHEN L.		
STREET ADDRESS	1005 W. ORANGEBURG	STREET ADDRESS	33 IMPERIAL PROMENADE STE 300		
CITY-ST-ZIP	MODESTO, CA 95350	CITY-ST-ZIP	SANTA ANA CA 92707		
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARSEN, CAITLIN M	NAME	LARSEN, CAITLIN		
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	13737 NOEL RD STE 100		
CITY-ST-ZIP	SANTA BARBARA, CA 93105	CITY-ST-ZIP	DALLAS TX 75240		
TITLE	T <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIVAS, RAYMOND	NAME	SHERMAN, JEFFREY S.		
STREET ADDRESS	1005 W. ORANGEBURG	STREET ADDRESS	13737 NOEL RD STE 100		
CITY-ST-ZIP	MODESTO, CA 95350	CITY-ST-ZIP	DALLAS TX 75240		
TITLE	AS <input type="checkbox"/> Delete	TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACK, KRISTINA A	NAME	MACK, KRISTINA A.		
STREET ADDRESS	13737 NOEL ROAD	STREET ADDRESS	13737 NOEL RD STE 100		
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	DALLAS TX 75240		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 information.					
SIGNATURE: <i>Caitlin Larsen</i>		Caitlin Larsen		1/26/06 469-893-2701	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

K. Eckel FEB 24 2006