

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03683

1. Entity Name
ASSURED INVESTORS LIFE COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 16 PM 12: 58

Principal Place of Business
13737 NOEL ROAD
STE 100
DALLAS, TX 75240

Mailing Address
13737 NOEL ROAD STE. 100
ATTN: DONNA JARRELL
DALLAS, TX 75240



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-0592412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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

300097959383
04/23/07--01016--025 **150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	NEWMAN, STEPHEN L 3 IMPERIAL PROMENADE STE. 300 SANTA ANA, CA 92707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LARSEN, CAITLIN M 13737 NOEL ROAD STE. 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHERMAN, JEFFREY S 13737 NOEL ROAD STE. 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MACK, KRISTINA A 13737 NOEL ROAD STE. 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JEFFERY FLOCKEN 13737 NOEL Rd ste 100 DALLAS TX 75240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 to an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07 469-893-2701
Date Daytime Phone #