## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Feb 15, 2006 8:00 am Secretary of State

	AITITOAL	- 1/21					ici y	OI D	mu
DOCUMENT # P10263  1. Entity Name AMERICAN AMICABLE LIFE INSURANCE COMPANY OF TEXAS					,			3 034 ***1:	58.75
Principal Plac			-		6001	6141			
425 AUSTIN	AVF.	Mailing Address PO BOX 2549							
WACO, TX 7	19 US					•			
					- 1 1 <b>00000</b>	14 <b>211 0</b> 2112 1 <b>1912 2</b> 112 <b>2</b>	NA BIBLI BEBLI A	11011 OLDH BYRH OLD	**************************************
		1 2							
Principal Place of Business		3. Mailing Address				UEN COMO (1846 DUDA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•				
Suite, Apr.	, w, etc.	Suite, Apt. #, etc.			01312006	Chg-P	CR2E	034 (11/05)	
City & Stat	te	City & State			4. FEI Numbe	•	<del></del>	IAn	plied For
J, _ J	-	,			74-2179909 Not Applicable				
Zip	Country	Zip	Country					\$8.75 Add	
					5. Certificate	of Status Desired	. 🗶	Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent	
			Name						
CHIEF FIN	Street A	Street Address (P.O. Box Number is Not Acceptable)							
P O BOX 6200 (32314-6200) 200 E. GAINES ST			Silber	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32399-0000				,					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0012, 1 01000 0000		City			<del></del>		7in Cont	
			City				F	Zip Codi	9
	named entity submits this statement f	or the purpose of changing its	s registered office o	r register	ed agent, or boti	n, in the State of I	lorida. I ar	n familiar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE.				•					
SIGNATORE.	Signature, typed or printed name of registered agen	t and title if applicable. (NO	E: Registered Agent signat	beriuper enu	when reinstating)		DATE		<del></del>
					ĺ				
	E NOW!!! FEE IS \$150.00	9. Election Campa Trust Fund Con			00 May Be ed to Fees				
After M	ay 1, 2006 Fee will be \$550.	,00 Hust rund Con	albation,	Adde	ed to rees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO O	FICERS AN	ID DIRECTOR	S IN 11
TITLE	VT ·	☐ Delete	TITLE			•	-	☐ Change	Addition
NAME	SCHAFER, DARLA A.		NAME			• •			
STREET ADDRESS	425 AUSTIN AVENUE		STREET ADDRESS						
CITY+ST-ZIP	WACO, TX 76701		CITY-ST-ZIP						
TITLE	vs	Delete	TITLE	ļ				Change	☐ Addition
NAME	DUNLAP, JOE	,	NAME	1	•		•		
STREET ADDRESS	425 AUSTIN AVE.		STREET ADDRESS	İ					
CITY-ST-ZIP	WACO, TX 76701		CITY-ST-ZIP	<u> </u>					<u></u>
NTLE	PD	☐ Delete	TITLE		•			Change	Addition
- NAME	PEAVY, SHELBY L		PAME	}				·	
STREET ADDRESS CITY-ST-ZIP	425 AUSTIN AVE. WACO, TX 76701		STREET ADORESS CITY-ST-ZIP						
	1		<del></del>	<del>\</del>					COLUMN A A MINI
TITLE NAME	V AIELLO, GARY E	Delete	TITLE NAME	5, 1,	/A To a .			Change	Addition
STREET ADDRÉSS	425 AUSTIN AVE		STREET ADDRESS	<u> </u>	AL PHY	RENG.			•
CITY - ST-ZIP	WACO, TX 76701		CITY-ST-ZIP	100	AUST	RENG IN AVEX	1U5		
TITLE	V	☐ Delete	TITLE	WA	CO, / A	1470		Change	Addition
NAME	BLANTON, MICHAEL J	D04019	NAME	ļ				C CHARGO	
STREET ADDRESS	425 AUSTIN AVE		STREET ADDRESS						
CITY+ST-ZIP	WACO, TX 76701		CITY-ST-ZIP						
TITLE	<u> </u>			+					
	lv	☐ Delete	TITLE					Change	☐ Addition
NAME	V SAUCEDO, CYNTHIA L	Delete	TITLE NAME			•		Change	Addition

12. I hereby certify that the information expelied with this filling 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 ayl address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

WACO, TX 76701

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2006

254-297-2777 Deytme Phone: