FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P22204

1. Corporation Name

AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY

1411211101								
Principal Place of Business Mailing Address						((Section 113 (1916) India) India sector bios.	. 41411 61611 41411	0.00.
1035 South 183rd Street West Goddard KS 67052		1035 SOUTH 183RD STREET WEST WICHITA KS 67277						
US						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed 12/20/1988		
Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
1		26	26			86-0340575	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	*	Additional Required
27 City & State City & State						C Flatin Consider Financia		<u> </u>
City & Stat	9	28				6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year		
_ `	25	⊢ ¬ '	30	•		Personal Property Tax.	☐ Yes	×Νο
4	9. Name and Address of Curre		901			10. Name and Address of New Registere	d Agent	
				81	Name		_	
INSURANCE COMMISSIONER				82	Street Add	ess (P.O. Box Number is Not Acceptable)		
CAPI	TOL BUILDING			"	Oli CCC / CCL	aross (1.10. Dox reampor to rect, recoputate)	470.7	
TALL	AHASSEE FL 32399			83				
				84	City	· · · · · · · · · · · · · · · · · · ·	. 85 Zip	Code
				1	City	F	L	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Flonda, Such change was a ations of, Section 607.0505, Flo	uthorized rida Statu	by i ites.	tne corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	pointment as r	egistered
	Signature, typed or printed name of registered ag			Agent	signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.		ND DIRECTORS DELETE	13. 1.1 TIT			ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	PD		1.2 NA					
NAME	HAWKINS, R. KELL				ADDRESS			
STREET ADDRESS			1.4 CITY-5					
CITY-ST-ZIP	GODDARD KS	DELETE	2.1 TIT		-217	<u> </u>	☐ Change	☐ Addition
TITLE	VD		2.1 IIILE 2.2 NAME			2		
NAME	HAWKINS, RON KELL				ADDRESS			
STREET ADDRESS			2.4 CITY-					
TITLE	WICHITA KS STD	☐ DELETE	3.1 TITLE		1-211		☐ Change	Addition
NAME	HAWKINS, NORMA J.	_	3.2 NAME					ļ
STREET ADDRESS	100 A 100 DD AT 141				ADDRESS			
CITY-ST-ZIP	GODDARD KS		3.4. CI					
TITLE	D	☐ DELETE	4,1 111				☐ Change	Addition
NAME	BLEDSOE, HARRY D.		4. 2 N	ME				
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	WICHITA KS		4.4 CF	TY- ST	r-ZIP			
TITLE		☐ DELETE	5.1 TT				Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET	ADDRESS			-
CITY-ST-ZIP			5.4 CI	ry-st	r-ZIP			
TITLE		☐ DELETE	6.1 TR	Œ			☐ Change	e 🔲 Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receive/or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an extraordinate with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90056 012 ***150.00