2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P22204 Aug 02, 2000 8:00 am 1. Entity Name AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY Secretary of State 08-02-2000 90004 031 ***550.00 Principal Place of Business Mailing Address 1035 SOUTH 183RD STREET WEST 1035 SOUTH 183RD STREET WEST GODDARD KS 67052 WICHITA KS 67277 3. Mailing Address P.O. Box 9510 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 86-0340575 Not Applicable <u>Wichita, KS</u> Zip Country Country Zip 67277 \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BUILDING TALLAHASSEE FL 32399 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PΠ TITI F Change Addition TITLE Delete Director & Vice President HAWKINS, R. KELL NAME NAME Bruce F. Welner STREET ADDRESS STREET ADDRESS 1031 S. 183RD ST., W. 27 South Lakeview CITY-ST-ZIP CITY-ST-20P GODDARD KS Coddard, KS-67052 Change X Addition TITI F TITLE Delete Director & Vice President HAWKINS, RON KELL NAME Marcus W. Dummer STREET ADDRESS **429 WESTFIELD COURT** STREET ADDRESS 12302 Meribeau CITY-ST-7IP CITY-ST-ZIP WICHITA KS Wichita, KS 67235 Change Addition TITLE ☐ Delete HAWKINS, NORMA J: NAME NAME STREET ADDRESS STREET ADDRESS 1031 S. 183RD ST., W. CITY-ST-ZIP City-St-ZIP GODDARD KS X Delete ☐ Change ☐ Addition TITLE TITLE BLEDSOE, HARRY D. NAME NAME STREET ADDRESS STREET ADDRESS 226 N. MESA CITY-ST-ZIP CITY-ST-ZIP WICHITA KS TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/CO (316)794-2200