

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P22204**

1. Entity Name

AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY

Principal Place of Business

**1035 SOUTH 183RD STREET WEST
GODDARD KS 67052**

Mailing Address

**PO BOX 9510
WICHITA KS 67277
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **86-0340575**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HAWKINS, R. KELL**
STREET ADDRESS **1031 S. 183RD ST., W.**
CITY-ST-ZIP **GODDARD KS**TITLE **VD** ☐ Delete
NAME **HAWKINS, RON KELL**
STREET ADDRESS **429 WESTFIELD COURT**
CITY-ST-ZIP **WICHITA KS**TITLE **STD** ☐ Delete
NAME **HAWKINS, NORMA J.**
STREET ADDRESS **1031 S. 183RD ST., W.**
CITY-ST-ZIP **GODDARD KS**TITLE **D** ☒ Delete
NAME **BLEDSE, HARRY D.**
STREET ADDRESS **226 N. MESA**
CITY-ST-ZIP **WICHITA KS**TITLE **VPD** ☐ Delete
NAME **WELNER, BRUCE**
STREET ADDRESS **27 S. LAKEVIEW**
CITY-ST-ZIP **GODDARD KS 67052**TITLE **VPD** ☐ Delete
NAME **DUMMER, MARCUS**
STREET ADDRESS **12302 MERIBEAU**
CITY-ST-ZIP **WICHITA KS 67235**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Craig Alan Kreiser**
CITY-ST-ZIP **2405 North Parkridge
Wichita, KS. 67205**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marcus Dummer

Marcus Dummer

03/02/2001

(316) 794-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90131 047 ***150.00

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DO NOT WRITE IN THIS SPACE

CR25034 (10-99)