## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P22204

FILED Feb 04, 2011 Secretary of State

Entity Name: AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

1035 SOUTH 183RD STREET WEST GODDARD, KS 67052

Current Mailing Address: New Mailing Address:

PO BOX 9510

WICHITA, KS 67277 US

FEI Number: 86-0340575 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: DUMMER, ARTHUR Address: 955 E. PIONEER RD. City-St-Zip: DRAPER, UT 84020

Title: VD

Name: HAWKINS, RONALD K Address: 429 WESTFIELD COURT City-St-Zip: WICHITA, KS 67212

Title: STD

Name: HAWKINS, CINDY A
Address: 429 WESTFIELD COURT
City-St-Zip: WICHITA, KS 67212

Title: [

Name: KREISER, CRAIG A Address: PO BOX 9510 City-St-Zip: WICHITA, KS 67277

Title: PD

Name: WELNER, BRUCE F Address: 146 N. KARREN COURT City-St-Zip: WICHITA, KS 67212

Title:

 Name:
 HAWKINS, NORMA J

 Address:
 1031 S. 183RD ST. W.

 City-St-Zip:
 GODDARD, KS 67052 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CINDY HAWKINS STD 02/04/2011