

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808858

**FILED**  
**Jan 19, 2017**  
**Secretary of State**  
**CC9688247207**

**Entity Name:** AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

**Current Principal Place of Business:**

300 W. 11TH STREET  
KANSAS CITY, MO 64105

**Current Mailing Address:**

300 W. 11TH STREET  
KANSAS CITY, MO 64105

**FEI Number:** 35-0810610

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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

**Officer/Director Detail :**

Title D, COB, CEO  
Name MULLER, GARY L  
Address 300 W. 11TH STREET  
City-State-Zip: KANSAS CITY MO 64105

Title D, P  
Name POLKINGHORN, PHILIP K  
Address 300 W. 11TH STREET  
City-State-Zip: KANSAS CITY MO 64105

Title D, SVP, T, CFO, CIO  
Name FALLON, MARK K  
Address 300 WEST 11TH  
City-State-Zip: KANSAS CITY MO 64105

Title D, VP  
Name HAMILTON, GREGORY A  
Address 300 WEST 11TH ST.  
City-State-Zip: KANSAS CITY MO 64105

Title D, SVP  
Name FOSTER, RODNEY K  
Address 300 WEST 11TH STREET  
City-State-Zip: KANSAS CITY MO 64105

Title SECRETARY  
Name CAVANAUGH, REBECCA L  
Address 300 W. 11TH STREET  
City-State-Zip: KANSAS CITY MO 64105

*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: REBECCA L CAVANAUGH

AVP-LEGAL/COMPLIANCE 01/19/2017  
& CORP SEC

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date