

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22204

Entity Name: AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY**Current Principal Place of Business:**1035 SOUTH 183RD STREET WEST
GODDARD, KS 67052**Current Mailing Address:**PO BOX 9510
WICHITA, KS 67277 US**FEI Number:** 86-0340575**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
Name	DUMMER, ARTHUR
Address	955 E. PIONEER RD.
City-State-Zip:	DRAPER UT 84020

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

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

Title	PRESIDENT, DIRECTOR
Name	KREISER, CRAIG A
Address	PO BOX 9510
City-State-Zip:	WICHITA KS 67277

Title	DIRECTOR
Name	CARRIKER, ROBERT
Address	4935 N. PORTWEST CIRCLE
City-State-Zip:	WICHITA KS 67204

Title	VPD
Name	FOUTS, SHERRI LY
Address	1031 S. 183RD ST. W.
City-State-Zip:	GODDARD KS 67052

Title	VICE PRESIDENT/DIRECTOR
Name	HORN, JEREMY LEE
Address	10702 W. ROLLING HILLS DRR.
City-State-Zip:	WICHITA KS 67212-5907

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**SECRETARY-TREASURER** 02/27/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date