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**APPROVED AND FILED**

95 MAR -2 PM 4:03

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS



SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 838529 (6)  
 1. Corporation Name  
**AMERICAN FOUNDERS LIFE INSURANCE COMPANY**

Principal Place of Business Mailing Address  
 2720 E. CAMELBACK ROAD. 2720 E. CAMELBACK ROAD.  
 P.O. BOX 52121 P.O. BOX 52121  
 PHOENIX AZ 85016 PHOENIX AZ 85016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified 06/02/1977  
 3a. Date of Last Report 02/01/1994  
 4. FEI Number 74-1915841  
 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 STATE INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KELLY, THOMAS
STREET ADDRESS	2720 E. CAMELBACK ROAD.
CITY - ST - ZIP	PHOENIX AZ
TITLE	S
NAME	THOREN, DENISE L.
STREET ADDRESS	2720 E. CAMELBACK RD.
CITY - ST - ZIP	PHOENIX AZ
TITLE	D
NAME	GILSTRAP, SUZANNE T.
STREET ADDRESS	2720 E. CAMELBACK RD.
CITY - ST - ZIP	PHOENIX AZ
TITLE	V
NAME	BERNETT, JUDY R
STREET ADDRESS	2720 E. CAMELBACK RD
CITY - ST - ZIP	PHOENIX AZ
TITLE	PD
NAME	SCHRECK, WAYNE, A
STREET ADDRESS	2720 E. CAMELBACK RD.
CITY - ST - ZIP	PHOENIX AZ
TITLE	T
NAME	PHILLIPS, VICKI A
STREET ADDRESS	2720 E. CAMELBACK RD
CITY - ST - ZIP	PHOENIX AZ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kelly, Thomas - Terminated
1.3 STREET ADDRESS	915194
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vicki A. Phillips 2/7/95 602-957-0178  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Telephone