

2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90328 006 ***150.00

50037845



04132005 Chg-P CR2E034 (10/03)

DOCUMENT # 838529					
1. Entity Name AMERICAN FOUNDERS LIFE INSURANCE COMPANY					
Principal Place of Business 4343 N. SCOTTSDALE RD. SUITE 300 SCOTTSDALE, AZ 85251			Mailing Address P.O. BOX 52121 PHOENIX, AZ 85016		
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 74-1915841	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOLEN, BOBBY L		NAME		
STREET ADDRESS	4343 N. SCOTTSDALE RD., STE 300		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE, AZ 85251		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCULLOUGH, JOHN W		NAME		
STREET ADDRESS	4343 N. SCOTTSDALE RD., STE 300		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE, AZ 85251		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CATMULL, BART F		NAME		
STREET ADDRESS	4343 N. SCOTTSDALE RD., STE 300		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE, AZ 85251		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAFFNEY, BERNARD R		NAME		
STREET ADDRESS	4343 N. SCOTTSDALE RD., STE 300		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE, AZ 85251		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEVENS, KATHY E		NAME		
STREET ADDRESS	4343 N. SCOTTSDALE RD., STE 300		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE, AZ 85251		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZETHAH, MARGARET A		NAME	V Clifford, Sandra L.	
STREET ADDRESS	4343 N. SCOTTSDALE RD., STE 300		STREET ADDRESS	4343 N. Scottsdale Rd., Ste 300	
CITY-ST-ZIP	SCOTTSDALE, AZ 85251		CITY-ST-ZIP	Scottsdale, AZ 85251	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/13/05 (480)425-5100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

#838529

50037845

American Founders Life Insurance Company
Attachment to 2005 Florida Annual Report

Additional Officers and Directors for Block 11:

V - Linda M. Stouffer
4343 N. Scottsdale Rd., Ste. 300
Scottsdale, AZ 85251

V - Michael P. Stricker
4343 N. Scottsdale Rd., Ste. 300
Scottsdale, AZ 85251

D - Norman W. Gayle III
4343 N. Scottsdale Rd., Ste. 300
Scottsdale, AZ 85251

D - Hopson B. Nance
4343 N. Scottsdale Rd., Ste. 300
Scottsdale, AZ 85251

D - Donald W. Thorton
4343 N. Scottsdale Rd., Ste. 300
Scottsdale, AZ 85251