


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90075 023 ***150.00

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLEN, BOBBY L 4343 N. SCOTTSDALE RD., STE 300 SCOTTSDALE, AZ 85251 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MacLure, Maxine Gail 4343 N. Scottsdale Rd., Ste 300 Scottsdale, AZ 85251 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCCULLOUGH, JOHN W 4343 N. SCOTTSDALE RD., STE 300 SCOTTSDALE, AZ 85251 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Hauck, Catherine 4343 N. Scottsdale, Rd., Ste 300 Scottsdale, AZ 85251 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CATMULL, BART F 4343 N. SCOTTSDALE RD., STE 300 SCOTTSDALE, AZ 85251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAFFNEY, BERNARD R 4343 N. SCOTTSDALE RD., STE 300 SCOTTSDALE, AZ 85251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENS, KATHY E 4343 N. SCOTTSDALE RD., STE 300 SCOTTSDALE, AZ 85251 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Aguayo, William 4343 N. Scottsdale Rd., Ste 300 Scottsdale, AZ 85251 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLIFFORD, SANDRA L 4343 N SCOTTSDALE RD, STE 300 SCOTTSDALE, AZ 85251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Bart F. Catmull** *SJP* **3/6/06** **480-425-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40029603



03062006 Chg-P CR2E034 (11/05)

4. FEI Number **74-1915841** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

ATTACHMENT
40029654

#838529

American Founders Life Insurance Company
Attachment to 2006 Florida Annual Report

Additional Officers and Directors for Block 11:

V - Bray, Kurtis Barnard
4343 N. Scottsdale Rd., Ste 300
Scottsdale, AZ 85251

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

D - Bethell, John Arthur
4343 N. Scottsdale Rd., Ste 300
Scottsdale, AZ 85251

D - Sisson, Beverly
4343 N. Scottsdale Rd., Ste 300
Scottsdale, AZ 85251

D- Estock, George John
4343 N. Scottsdale Rd., Ste 300
Scottsdale, AZ 85251

D - Miller, Dodridge Denton
4343 N. Scottsdale Rd., Ste 300
Scottsdale, AZ 85251