

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 838529 (6)**  
 1. Corporation Name  
**AMERICAN FOUNDERS LIFE INSURANCE COMPANY**



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

3. Date Incorporated or Qualified	Applied For
06/02/1977	Not Applicable
4. FEI Number	
74-1915841	

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

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

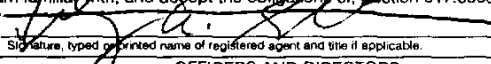
9. Name and Address of Current Registered Agent

**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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0503, 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	ST	<input checked="" type="checkbox"/> DELETE
NAME	THOREN, DENISE L	
STREET ADDRESS	2720 E. CAMELBACK RD.	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	EVPO	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DUANE T	
STREET ADDRESS	2720 E. CAMELBACK RD.	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHRECK, WAYNE A	
STREET ADDRESS	2720 E. CAMELBACK RD.	
CITY-ST-ZIP	PHOENIX AZ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: \_\_\_\_\_ DAYTIME PHONE # 0078717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)

AMERICAN FOUNDERS LIFE  
OFFICERS AND DIRECTORS

C D  
PHILLIPS, KENNETH W  
2720 East Camelback Road  
Phoenix, AZ 85016

D P  
SCHRECK, WAYNE ALLEN  
2720 East Camelback Road  
Phoenix, AZ 85016

D T V  
MILLER, DUANE THOMAS  
2720 East Camelback Road  
Phoenix, AZ 85016

D S V  
THOREN, DENISE LORENE  
2720 East Camelback Road  
Phoenix, AZ 85016

D V  
STEVENS, KATHY ELAINE  
2720 East Camelback Road  
Phoenix, AZ 85016

V  
ZETAH, MARGARET ANN  
2720 East Camelback Road  
Phoenix, AZ 85016

V  
STOUFFER, LINDA MYRL  
2720 East Camelback Road  
Phoenix, AZ 85016