

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FOR PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **838529**

1. Corporation Name
AMERICAN FOUNDERS LIFE INSURANCE COMPANY

99 AUG -4 PM 3: 17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/02/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		74-1915841	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, KENNETH W			1.2 NAME			
STREET ADDRESS	2720 E CAMELBACK RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ 85016			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHRECK, WAYNE A			2.2 NAME			
STREET ADDRESS	2720 E CAMELBACK RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ 85016			2.4 CITY-ST-ZIP			
TITLE	DTV	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, DUANE T			3.2 NAME			
STREET ADDRESS	2720 E CAMELBACK RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ 85016			3.4 CITY-ST-ZIP			
TITLE	DSV	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOREN, DENISE L			4.2 NAME			
STREET ADDRESS	2720 E CAMELBACK RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ 85016			4.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEVENS, KATHY E			5.2 NAME			
STREET ADDRESS	2720 E CAMELBACK RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ 85016			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZETHAH, MARGARET A			6.2 NAME			
STREET ADDRESS	2720 E CAMELBACK RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ 85016			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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date: 7/20-99 (602)957-0728 Daytime Phone #

0013431

CR2E037 (5/99)