

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90046 010 \*\*\*150.00

**DOCUMENT # 838529**

1. Entity Name  
**AMERICAN FOUNDERS LIFE INSURANCE COMPANY**

Principal Place of Business <b>2720 E. CAMELBACK ROAD.          P.O. BOX 52121          PHOENIX AZ 85016</b>	Mailing Address <b>2720 E. CAMELBACK ROAD.          P.O. BOX 52121          PHOENIX AZ 85016</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-1915841**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V	PHILLIPS, KENNETH W	2720 E CAMELBACK RD	PHOENIX AZ 85016	V	Michael P. Stricker	2720 E. Camelback Rd.	Phoenix AZ 85016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DP	SCHRECK, WAYNE A	2720 E CAMELBACK RD	PHOENIX AZ 85016	V	Bernard Gaffney	2720 E. Camelback Rd.	Phoenix AZ 85016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TV	CATMULL, BART F	2720 E CAMELBACK RD	PHOENIX AZ 85016					<input type="checkbox"/>	<input type="checkbox"/>
DSV	THOREN, DENISE L	2720 E CAMELBACK RD	PHOENIX AZ 85016					<input type="checkbox"/>	<input type="checkbox"/>
DV	STEVENS, KATHY E	2720 E CAMELBACK RD	PHOENIX AZ 85016					<input type="checkbox"/>	<input type="checkbox"/>
V	ZETHAH, MARGARET A	2720 E CAMELBACK RD	PHOENIX AZ 85016					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise L Thore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/10/01 Daytime Phone #: 602 957-0778

CR2E034 (10/00)