

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 825413 (8)
1. Corporation Name
CONTINENTAL WESTERN LIFE INSURANCE COMPANY



Principal Place of Business: **CONTINENTAL PLAZA 1601 74TH ST P.O. BOX 65770 WEST DES MOINES IA 50265**
Mailing Address: **CONTINENTAL PLAZA 1601 74TH ST P.O. BOX 65770 WEST DES MOINES IA 50265**

3. Date Incorporated or Qualified: **11/24/1970**
3a. Date of Last Report: **06/22/1995**
4. FEI Number: **42-0926879**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1601 74TH ST**
2a. Mailing Address: **26 P O BOX 65770**
22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
23. City & State: **WEST DES MOINES IA**
28. City & State: **WEST DES MOINES IA**
24. Zip: **50266** 25. Country:
29. Zip: **50265** 30. Country:

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32314**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	AVASON, KENNETH L
STREET ADDRESS	401 N EXECUTIVE DRIVE
CITY - ST - ZIP	BROOKFIELD WI
TITLE	EVP <input type="checkbox"/> DELETE
NAME	KAUFMAN, STANLEY N
STREET ADDRESS	700 S 7TH STREET
CITY - ST - ZIP	FARGO ND
TITLE	S <input type="checkbox"/> DELETE
NAME	MONTAG, GUY R
STREET ADDRESS	401 N EXECUTIVE DRIVE
CITY - ST - ZIP	BROOKFIELD WI
TITLE	T <input type="checkbox"/> DELETE
NAME	DAVENPORT, VALERIE K
STREET ADDRESS	1601 74TH STREET
CITY - ST - ZIP	WEST DES MOINES IA
TITLE	VP <input type="checkbox"/> DELETE
NAME	SMITH, JAMES R
STREET ADDRESS	401 N EXECUTIVE DRIVE
CITY - ST - ZIP	BROOKFIELD WI
TITLE	VP <input type="checkbox"/> DELETE
NAME	STEPPE, MICHAEL J
STREET ADDRESS	401 N EXECUTIVE DRIVE
CITY - ST - ZIP	BROOKFIELD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EVASON, KENNETH L
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	BROOKFIELD WI

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Valerie Davenport* April 10, 1996 800-247-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EXECUTIVE DIRECTOR OF OPERATIONS & TREASURER

CR2E034 (12/95)