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**Mar 05 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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
**1601 74TH STREET
WEST DES MOINES IA 50266
US**

Mailing Address
**P.O. BOX 65770
WEST DES MOINES IA 50265-0770
US**

3. Date Incorporated or Qualified 11/24/1970	3a. Date of Last Report 04/16/1996
4. FEI Number 42-0926879	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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 _____ 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	EVAS	<input type="checkbox"/> DELETE
NAME	ON, 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 WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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* **Valerie Davenport** 2/24/97 (515) 267-6824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)