

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:16

DOCUMENT # 834394 (9)

1. Corporation Name
EMPLOYERS MODERN LIFE COMPANY

Principal Place of Business	Mailing Address
717 MULBERRY ST P.O. BOX 712 DES MOINES IA 50303	717 MULBERRY ST P.O. BOX 712 DES MOINES IA 50303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1975	3a. Date of Last Report 06/01/1994
4. FEI Number 42-0868851	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 § 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	Country
24	25
29	30

9. Name and Address of Current Registered Agent

FINALDI, ANTHONY
1007 GARDENIA DRIVE
TALLAHASSEE FL 32312

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

FL

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 _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	VERSON, DONALD J.
STREET ADDRESS	9424 HAMMONTREE DRIVE
CITY, ST, ZIP	DES MOINES, IOWA 00000
TITLE	D
NAME	BIRD, EDWARD W
STREET ADDRESS	1810 WILLOWMERE DRIVE
CITY, ST, ZIP	DES MOINES, IOWA 00000
TITLE	PTD
NAME	HUISINGA, ALAN D.
STREET ADDRESS	440 NORTH 8TH
CITY, ST, ZIP	CARLSLE IA
TITLE	D
NAME	KOCHHEISER, GEORGE W.
STREET ADDRESS	3100 GRAND
CITY, ST, ZIP	DES MOINES, IOWA 00000
TITLE	CD
NAME	KELLEY, ROBB B
STREET ADDRESS	4321 GREENWOOD AVE
CITY, ST, ZIP	DES MOINES, IOWA 00000
TITLE	SV
NAME	VAN EKEREN, PHILIP T
STREET ADDRESS	213 NORTH BUCHANAN
CITY, ST, ZIP	MONROE, IA 00000

14 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	Judith L. Shaw	
16 STREET ADDRESS	1709 W. 5th	
17 CITY, ST, ZIP	Indianola, Iowa 50125	
18 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
19 NAME	Eric M. Huntzman	
20 STREET ADDRESS	14455 University Ave.	
21 CITY, ST, ZIP	Waukee, Iowa 50263	
22 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
23 NAME	E.H. Creese	
24 STREET ADDRESS	3663 Grand Ave. #1001	
25 CITY, ST, ZIP	Des Moines, Iowa 50312	
26 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
27 NAME	Raymond W. Davis	
28 STREET ADDRESS	7928 Beechwood Court	
29 CITY, ST, ZIP	Des Moines, Iowa 50322	
30 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 NAME	Edward D. O'Hair	
32 STREET ADDRESS	13730 Iakeview Drive	
33 CITY, ST, ZIP	Clive, Iowa 50325	
34 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
35 NAME	Fredrick A. Schiek	
36 STREET ADDRESS	4615 67th Street	
37 CITY, ST, ZIP	Urbandale, Iowa 50322	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.032(a)(6), 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 in my own hand. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 (stamped), or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Tammy J. Snyder 2-10-95 (515) 280-2568
Asst. Treas. - Controller