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Mar 04 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 # 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 50300
717 MULBERRY ST P.O. BOX 712 DES MOINES IA 50303-0712

3. Date Incorporated or Qualified **05/27/1975** 3a. Date of Last Report **03/01/1996**
 4. FEI Number **42-0868851** Applied For Not Applicable
 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	SHAW, JUDITH L.	
STREET ADDRESS	1706 W 5TH INDIANOLA IA	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIRD, EDWARD W	
STREET ADDRESS	1910 WILLOWMERE DRIVE DES MOINES, IOWA 00000	
CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HUISINGA, ALAN D.	
STREET ADDRESS	440 NORTH 8TH CARLISLE IA	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOCHHEISER, GEORGE W.	
STREET ADDRESS	3100 GRAND DES MOINES, IOWA 00000	
CITY-ST-ZIP		
TITLE	XD	<input type="checkbox"/> DELETE
NAME	KELLEY, ROBB B	
STREET ADDRESS	4321 GREENWOOD AVE DES MOINES, IOWA 00000	
CITY-ST-ZIP		
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	VAN EKEREN, PHILIP T	
STREET ADDRESS	213 NORTH BUCHANAN MONROE, IA 00000	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eric M. Huntsman	
1.3 STREET ADDRESS	14455 University Avenue Waukee, Iowa 50263	
1.4 CITY-ST-ZIP		
2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bruce G. Kelley	Bruce G. Kelley
2.3 STREET ADDRESS	14 Glenview Drive	14 Glenview Drive
2.4 CITY-ST-ZIP	Des Moines, IA 50302	Des Moines, IA 50312
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Raymond W. Davis	
3.3 STREET ADDRESS	7928 Beechwood Court	
3.4 CITY-ST-ZIP	Des Moines, Iowa 50322	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Edward D. O'Hair	
4.3 STREET ADDRESS	13730 Lakeview Drive	
4.4 CITY-ST-ZIP	Clive, Iowa 50325	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fredrick A. Schiek	
5.3 STREET ADDRESS	4615 67th Street	
5.4 CITY-ST-ZIP	Urbandale, Iowa 50322	
6.1 TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Judith L. Shaw	
6.3 STREET ADDRESS	1709 West 5th	
6.4 CITY-ST-ZIP	Indianola, Iowa 50125	

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: *[Signature]* **REQUIRED** President & Treasurer Date: **2-14-97 (515) 280-2724** Daytime Phone: #

CR2E034 (9/96)