

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Mar 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 834394 (9)

1. Corporation Name
EMPLOYERS MODERN LIFE COMPANY



Principal Place of Business 717 MULBERRY ST P.O. BOX 712 DES MOINES IA 50303	Mailing Address 717 MULBERRY ST P.O. BOX 712 DES MOINES IA 50303
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/27/1975	4. FEI Number 42-0868851	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	SHAW, JUDITH L	
STREET ADDRESS	1708 W 5TH	
CITY-ST-ZIP	INDIANOLA IA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KELLEY, BRUCE G	
STREET ADDRESS	14 GLENVIEW DRIVE	
CITY-ST-ZIP	DES MOINES IA	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HUISINGA, ALAN D.	
STREET ADDRESS	440 NORTH 8TH	
CITY-ST-ZIP	CARLISLE IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOCHHEISER, GEORGE W.	
STREET ADDRESS	3100 GRAND	
CITY-ST-ZIP	DES MOINES, IOWA 00000	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY, ROBB B	
STREET ADDRESS	4321 GREENWOOD AVE	
CITY-ST-ZIP	DES MOINES, IOWA 00000	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, JUDITH L	
STREET ADDRESS	1709 WST 5TH	
CITY-ST-ZIP	INDIATLANTIC IO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
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	P/D	<input checked="" 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	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVIS, RAYMOND W.	
5.3 STREET ADDRESS	7928 BEECHWOOD COURT	
5.4 CITY-ST-ZIP	DES MOINES, IA 50322	
6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KLEMME, DONALD D.	
6.3 STREET ADDRESS	3908 MUSKOGEE AVENUE	
6.4 CITY-ST-ZIP	DES MOINES, IA 50312	

14. 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 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: *Judith L Shaw* February 15, 1998 515-280-2568

CR2E034 (10/97)