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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90122 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 834394**  
 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	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified <b>05/27/1975</b>	
4. FEI Number <b>42-0868851</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL**

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	SVTD	<input type="checkbox"/> DELETE
NAME	SHAW, JUDITH L	
STREET ADDRESS	1706 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	PD	<input type="checkbox"/> DELETE
NAME	HUISINGA, ALAN D.	
STREET ADDRESS	440 NORTH 8TH	
CITY-ST-ZIP	CARLISLE IA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOCHHEISER, GEORGE W.	
STREET ADDRESS	3100 GRAND	
CITY-ST-ZIP	DES MOINES, IOWA 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, RAYMOND W	
STREET ADDRESS	7928 BEECHWOOD COURT	
CITY-ST-ZIP	DES MOINES IA 50322	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLEMMER, DONALD D	
STREET ADDRESS	3908 MUSKOGGE AVE	
CITY-ST-ZIP	DES MOINES IA 50312	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/V/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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TROESTER, KEITH R.	
4.3 STREET ADDRESS	2411 N. 15TH STREET	
4.4 CITY-ST-ZIP	ADEL, IOWA 50003	
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 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, with all other like empowered.

SIGNATURE: Judith L. Shaw Date: 3/24/99 (515) 280-2771

CR2E034 (11/98)