

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834394

1. Entity Name

EMPLOYERS MODERN LIFE COMPANY


FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90036 045 ***150.00

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 50303-0712
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number 42-0868851	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SVD <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	VT <input type="checkbox"/> Delete
NAME	TROESTER, KEITH R
STREET ADDRESS	2411 N 15TH ST
CITY-ST-ZIP	ADEL IW.
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	KLEMME, DONALD D
STREET ADDRESS	3908 MUSKOGGE AVE
CITY-ST-ZIP	DES MOINES IA 50312

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith Troester* **TROESTER** Date: 2/17/00 Daytime Phone #: 515-280-2543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)