

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90288 040 ***150.00

DOCUMENT # 834394

1. Entity 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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00029411



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 42-0868851	Applied For
	Not Applicable

5. Certificate of Status Desired **\$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
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 IA	
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	

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 R. Troester **KEITH R. TROESTER** 2/15/2001 515-280-2543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)