

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90273 032 \*\*\*150.00

**DOCUMENT # 834394**

1. Entity Name  
**EMPLOYERS MODERN LIFE COMPANY**

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

|   |   |  |  |
|---|---|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. | 4. FEI Number<br><b>42-0868851</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| City & State  | City & State                              | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| Zip   | Country                                   | Zip  | Country  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>INSURANCE COMMISSIONER<br/>         THE CAPITOL BUILDING<br/>         TALLAHASSEE FL</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
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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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVD<br/>SHAW, JUDITH L<br/>1706 W 5TH<br/>INDIANOLA IA</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD<br/>KELLEY, BRUCE G<br/>14 GLENVIEW DRIVE<br/>DES MOINES IA</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>HUISINGA, ALAN D.<br/>440 NORTH 8TH<br/>CARLISLE IA</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VT<br/>TROESTER, KEITH R<br/>2411 N 15TH ST<br/>ADEL IW</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>DAVIS, RAYMOND W<br/>7928 BEECHWOOD COURT<br/>DES MOINES IA 50322</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>KLEMME, DONALD D<br/>3908 MUSKOGGE AVE<br/>DES MOINES IA 50312</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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** 1/8/2002 515-280-2543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)