

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837079 (3)
 1. Corporation Name
PFL LIFE INSURANCE COMPANY



Principal Place of Business ATTN: LEGAL DEPT. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS IA 52402-6601	Mailing Address ATTN: LEGAL DEPT. 4333 EDGEWOOD ROAD NE CEDAR RAPIDS IA 52499-0001
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3. Date Incorporated or Qualified 09/24/1976	3a. Date of Last Report 05/01/1996
4. FEI Number 39-0989781	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent
STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	DVS		
NAME	VERMIE, CRAIG D.		
STREET ADDRESS	4333 EDGEWOOD RD NE		
CITY-ST-ZIP	CEDAR RAPIDS IA		
TITLE	DSVP		
NAME	FALCONIO, PATRICK E.		
STREET ADDRESS	4333 EDGEWOOD RD. N.E.		
CITY-ST-ZIP	CEDAR RAPIDS IA 52499		
TITLE	PD		
NAME	BUSLER, WILLIAM L.		
STREET ADDRESS	4333 EDGEWOOD RD NE		
CITY-ST-ZIP	CEDAR RAPIDS IA		
TITLE	VSD		
NAME	BROWN, LARRY G.		
STREET ADDRESS	4333 EDGEWOOD RD NE		
CITY-ST-ZIP	CEDAR RAPIDS IA		
TITLE	DVP		
NAME	BAIRD, PATRICK S.,		
STREET ADDRESS	4333 EDGEWOOD RD. NE.		
CITY-ST-ZIP	CEDAR RAPIDS IA 52499		
TITLE	DVP		
NAME	KOLSRUD, DOUGLAS C.		
STREET ADDRESS	4333 EDGEWOOD RD NE		
CITY-ST-ZIP	CEDAR RAPIDS IA 52499		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 of this officer 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 in the attachment with an address.

SIGNATURE: _____, Craig D. Vermie 4/28/97 (319)398-7906

CR2E034 (9/96)