

5498 15-6335 C

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 52402-6601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/24/1976
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 39-0989781
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS VERMIE, CRAIG D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4333 EDGEWOOD RD NE	1.2 NAME	
STREET ADDRESS	CEDAR RAPIDS IA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DSVP FALCONIO, PATRICK E. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4333 EDGEWOOD RD. N.E.	2.2 NAME	
STREET ADDRESS	CEDAR RAPIDS IA 52499	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD BUSLER, WILLIAM L. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4333 EDGEWOOD RD NE	3.2 NAME	
STREET ADDRESS	CEDAR RAPIDS IA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VSD BROWN, LARRY G. <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4333 EDGEWOOD RD NE	4.2 NAME	
STREET ADDRESS	CEDAR RAPIDS IA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DVP BAIRD, PATRICK S. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4333 EDGEWOOD RD. NE.	5.2 NAME	
STREET ADDRESS	CEDAR RAPIDS IA 52499	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DVP KOLSRUD, DOUGLAS C. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4333 EDGEWOOD RD NE	6.2 NAME	
STREET ADDRESS	CEDAR RAPIDS IA 52499	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attached statement with an address.

SIGNATURE:  Craig D. Vermie 4/22/98 (319)398-8511

CR2E034 (10/97)