


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90149 003 ***150.00

0549279

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 837079
 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 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 30 |
| Country 25 | Zip 29 |

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 09/24/1976 | |
| 4. FEI Number 39-0989781 | Applied For No: 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 owes the current year Intangible Personal Property Tax. <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 |

FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DVS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VERMIE, CRAIG D. | 1.2 NAME | |
| STREET ADDRESS | 4333 EDGEWOOD RD NE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CEDAR RAPIDS IA | 1.4 CITY-ST-ZIP | |
| TITLE | DSVP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALCONIO, PATRICK E. | 2.2 NAME | P/CFO/T |
| STREET ADDRESS | 4333 EDGEWOOD RD. N.E. | 2.3 STREET ADDRESS | Brenda K. Clancy |
| CITY-ST-ZIP | CEDAR RAPIDS IA 52499 | 2.4 CITY-ST-ZIP | 4333 Edgewood Road NE Cedar Rapids, IA 52499 |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUSLER, WILLIAM L. | 3.2 NAME | |
| STREET ADDRESS | 4333 EDGEWOOD RD NE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CEDAR RAPIDS IA | 3.4 CITY-ST-ZIP | |
| TITLE | SVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, LARRY G. | 4.2 NAME | |
| STREET ADDRESS | 4333 EDGEWOOD RD NE | 4.3 STREET ADDRESS | 570 Carillon Parkway |
| CITY-ST-ZIP | CEDAR RAPIDS IA | 4.4 CITY-ST-ZIP | St. Petersburg, FL 33716-5068 |
| TITLE | DVP <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAIRD, PATRICK S., | 5.2 NAME | |
| STREET ADDRESS | 4333 EDGEWOOD RD. NE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CEDAR RAPIDS IA 52499 | 5.4 CITY-ST-ZIP | D/SV/COO |
| TITLE | DVP <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOLSRUD, DOUGLAS C. | 6.2 NAME | |
| STREET ADDRESS | 4333 EDGEWOOD RD NE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CEDAR RAPIDS IA 52499 | 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 119.01(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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Craig D. Vermie, Secretary** 4/26/99 (319)398-8511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)