

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **852582** (6)
1. Corporation Name
SAVERS LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business: **9300 WEST 110TH STREET OVERLAND PARK KS 66210**
Mailing Address: **9300 WEST 110TH STREET OVERLAND PARK KS 66210**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1982	3a. Date of Last Report 04/26/1995
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 43-1240953	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
33. Suite, Apt. #, etc.	34. City & State	35. Zip	36. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	FL 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 _____ DATE _____
Signature typed or printed (Name of registered agent and the corporation) _____ (Name of Agent) _____ (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLDHAM, DALE R.		1.2 NAME	Daniel George	
STREET ADDRESS	12414 WEDD OVERLAND PARK KS		1.3 STREET ADDRESS	304 Lakeside Boulevard	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Sugar Land, TX 77478	
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIETCHEN, JOY L		2.2 NAME	James Haugh	
STREET ADDRESS	1324 S MAPLE OTTAWA KS		2.3 STREET ADDRESS	10818 Idlebrook Drive	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Houston, TX 77070	
TITLE	President, Director	<input type="checkbox"/> DELETE	3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zach G. Athens		3.2 NAME	David Harris	
STREET ADDRESS	10019 Sugar Hill		3.3 STREET ADDRESS	303 Timberwilde	
CITY-ST-ZIP	Houston, TX 77042		3.4 CITY-ST-ZIP	Houston, TX 77024	
TITLE	Secretary, Director	<input type="checkbox"/> DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlesa Hooper		4.2 NAME	Matthew Manis	
STREET ADDRESS	15722 Acapulco		4.3 STREET ADDRESS	9106 Tanager	
CITY-ST-ZIP	Houston, TX 77040		4.4 CITY-ST-ZIP	Houston, TX 77036	
TITLE	Treasurer, Director	<input type="checkbox"/> DELETE	5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Sy		5.2 NAME	Mary Lou Rainey	
STREET ADDRESS	10535 Sagewillow		5.3 STREET ADDRESS	2010 Dunstan Road	
CITY-ST-ZIP	Houston, TX 77089		5.4 CITY-ST-ZIP	Houston, TX 77036	
TITLE	Vice President, Director	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Missey Castro		6.2 NAME		
STREET ADDRESS	15615 Blue Ash, #1121		6.3 STREET ADDRESS		
CITY-ST-ZIP	Houston, TX 77090		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: Jane Sy February 28, 1996 713-529-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Print)

CR2E034 (12/95)