

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000005305 (8)

1. Corporation Name
AUSA LIFE INSURANCE COMPANY, INC.



Principal Place of Business: **4 MANHATTANVILLE RD PURCHASE NY 10577 US**
Mailing Address: **4333 EDGEWOOD RD., N.E. CEDAR RAPIDS IA 52499**

3. Date Incorporated or Qualified: **11/22/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-6071399**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301**

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 607.1503, 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. Thereby assent the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHLOSSBERG, TOM A	
STREET ADDRESS	4 MANHATTANVILLE RD.	
CITY - ST - ZIP	PURCHASE NY 10577	
TITLE	DCS	<input type="checkbox"/> DELETE
NAME	BROWN, LARRY G.	
STREET ADDRESS	201 HIGHLAND AVE	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSON, CARL T	
STREET ADDRESS	733 THIRD AVE.	
CITY - ST - ZIP	NEW YORK NY 10017-5706	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERHAGEN, COR H	
STREET ADDRESS	51 JFK PKY.	
CITY - ST - ZIP	SHORT HILLS NJ 07078	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYKHOUSE, JACK	
STREET ADDRESS	9151 GRAPEVINE HWY	
CITY - ST - ZIP	NORTH RICHLAND TX	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MIHAIC, VERA	
STREET ADDRESS	666 5TH AVE 25TH FLR	
CITY - ST - ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(5)(g), 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. If I am an officer or director of the corporation or the receiver or trustee or person empowered to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, I do so in accordance with an affidavit.

SIGNATURE: **Craig D. Vermie, Secretary**
4/24/96 (319) 398-8511

CR2E034 (12/95)