

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 # 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 52499-0001
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/22/1993	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 36-6071399	Applied For Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	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 607.1508, 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOSSBERG, TOM A	1.2 NAME	
STREET ADDRESS	4 MANHATTANVILLE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE NY 10577	1.4 CITY-ST-ZIP	
TITLE	DCS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LARRY G.	2.2 NAME	
STREET ADDRESS	201 HIGHLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, CARL T	3.2 NAME	
STREET ADDRESS	733 THIRD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017-5708	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERHAGEN, COR H	4.2 NAME	
STREET ADDRESS	51 JFK PKY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NJ 07078	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKHOUSE, JACK	5.2 NAME	
STREET ADDRESS	9151 GRAPEVINE HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH RICHLAND TX	5.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHAIC, VERA	6.2 NAME	S VERMIE, CRAIG D.
STREET ADDRESS	666 5TH AVE 25TH FLR	6.3 STREET ADDRESS	4333 EDGEWOOD ROAD NE
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	CEDAR RAPIDS, IA 52499

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 and 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, in my attachment with an address.

SIGNATURE: *Craig D. Vermie* **REQUIRED** **Craig D. Vermie** **4/28/97** **(319)398-7906**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)