

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4 MANHATTANVILLE RD                  PURCHASE NY 10577                  US</b>	Mailing Address <b>4333 EDGEWOOD RD., N.E.                  CEDAR RAPIDS IA 52499</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/22/1993</b>		4. FEI Number <b>36-6071399</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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 <b>INSURANCE COMMISSIONER                  CAPITOL BUILDING                  TALLAHASSEE FL 32301</b>				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 <b>FL</b>

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHLOSSBERG, TOM A</b>	1.2 NAME	
STREET ADDRESS	<b>4 MANHATTANVILLE RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PURCHASE NY 10577</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DCS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, LARRY G.</b>	2.2 NAME	
STREET ADDRESS	<b>201 HIGHLAND AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANSON, CARL T</b>	3.2 NAME	
STREET ADDRESS	<b>733 THIRD AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10017-5706</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERHAGEN, COR H</b>	4.2 NAME	
STREET ADDRESS	<b>51 JFK PKY.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DYKHOUSE, JACK</b>	5.2 NAME	
STREET ADDRESS	<b>9151 GRAPEVINE HWY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH RICHLAND TX</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERMIE, CRAIG D.</b>	6.2 NAME	
STREET ADDRESS	<b>4333 EDGEWOOD ROAD NE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CEDAR RAPIDS IA</b>	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 attachment with an address.

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

CR2E034 (10/97)