

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 # P03378 (7)

1. Corporation Name
INVESTORS WARRANTY OF AMERICA, INC.



Principal Place of Business: **4333 EDGEWOOD RD. N.E. CEDAR RAPIDS IA 52499**
Mailing Address: **4333 EDGEWOOD RD. N.E. CEDAR RAPIDS IA 52499**

3. Date Incorporated or Qualified: **09/13/1984**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **42-1154276**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAIRD, PATRICK S.	
STREET ADDRESS	4333 EDGEWOOD RD. NE	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUSLER, WILLIAM L.	
STREET ADDRESS	4333 EDGEWOOD RD. N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, LARRY G.	
STREET ADDRESS	1111 N. CHARLES ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCGRAW, ROBERT J.	
STREET ADDRESS	1111 N. CHARLES ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALCONIO, PATRICK E.	
STREET ADDRESS	4333 EDGEWOOD RD. N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VERMIE, CRAIG D.	
STREET ADDRESS	4333 EDGEWOOD RD. N.E.	
CITY-ST-ZIP	CEDAR RAPIDS IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Clancy, Brenda K
3.3 STREET ADDRESS	4333 Edgewood Road NE
3.4 CITY-ST-ZIP	Cedar Rapids, IA 52499
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Vermie, Craig D.
6.3 STREET ADDRESS	4333 Edgewood Road NE
6.4 CITY-ST-ZIP	Cedar Rapids, IA 52499

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: **Craig D. Vermie, Secretary & Vice President 4/24/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (319) 398-7906

CR2E034 (12/95)