

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 # **825413** (8)
1. Corporation Name
CONTINENTAL WESTERN LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
CONTINENTAL PLAZA 1601 74TH ST
P.O. BOX 65770
WEST DES MOINES IA 50265
CONTINENTAL PLAZA 1601 74TH ST
P.O. BOX 65770
WEST DES MOINES IA 50265

3. Date Incorporated or Qualified **11/24/1970** 3a. Date of Last Report **06/22/1995**
4. FEI Number **42-0926879** 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

2. Principal Place of Business 2a. Mailing Address
21 **1601 74TH ST** 26 **P O BOX 65770**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **WEST DES MOINES IA** 28 **WEST DES MOINES IA**
Zip Country Zip Country
24 **50266** 25 Country 29 **50265** 30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32314

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	AVASON, KENNETH L	401 N EXECUTIVE DRIVE	BROOKFIELD WI	<input type="checkbox"/>
EVP	KAUFMAN, STANLEY N	700 S 7TH STREET	FARGO ND	<input type="checkbox"/>
S	MONTAG, GUY R	401 N EXECUTIVE DRIVE	BROOKFIELD WI	<input type="checkbox"/>
T	DAVENPORT, VALERIE K	1601 74TH STREET	WEST DES MOINES IA	<input type="checkbox"/>
VP	SMITH, JAMES R	401 N EXECUTIVE DRIVE	BROOKFIELD WI	<input type="checkbox"/>
VP	STEPPE, MICHAEL J	401 N EXECUTIVE DRIVE	BROOKFIELD FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	EVASON, KENNETH L			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

Valerie Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1996 800-247-6716
Daytime Phone #

CR2E034 (12/95)