

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**  
 03-28-2002 90349 014 \*\*\*150.00

<b>DOCUMENT #</b>	<b>826748</b>
<b>1. Entity Name</b>	
<b>AMERUS LIFE INSURANCE COMPANY</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>611 FIFTH AVE</b>	<b>611 FIFTH AVE</b>
<b>P.O. BOX 1555</b>	<b>P.O. BOX 1555</b>
<b>DES MOINES IA 50306</b>	<b>DES MOINES IA 50306</b>

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>42-0175020</b>	<b>Applied For</b>
			<b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>INSURANCE COMMISSIONER</b>		Name	
<b>CAPITOL BUILDING</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>TALLAHASSEE FL 32301</b>		City	
		<b>FL</b> Zip Code	

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b>	<input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>CEOP</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MCPHAIL, GARY ROSS</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>3151 VALLEY RIDGE COURT</b>	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>	<b>WEST DES MOINES IA 50265</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>D</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>FRAZIER, MICHAEL GEORGE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>5566 LITTLE LEAF TRAIL</b>	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>	<b>WEST DES MOINES IA 50266</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>S</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SMALLENBERGER, JAMES A</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>12906 N.W. 127TH COURT</b>	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>	<b>DES MOINES IA 50325</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>C/D</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BROOKS, ROGER KAY</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>5205 WOODLAND AVE</b>	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>	<b>DES MOINES IA 50312</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>T</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CUSHING, BRENDA J</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>4809 STONEBRIDGE RD</b>	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>	<b>WEST DES MOINES IA 50265</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>CFOV</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>CLARK, BRIAN JAMES</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>13823 LAKESHORE DR</b>	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>	<b>CLIVE IA 50325</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.**

**SIGNATURE:** Gary Ross McPhail **March 7, 2002** (515) 283-2371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

350687

*Attachment 4 Doc# 826748*

TITLE	FIRST / MIDDLE NAMES	LAST NAME	STREET	CITY / STATE / ZIP CODE
Vice President	Kathy Jean	Bauer	P.O. Box 182	Melcher, IA 50163
Vice President	Kent Mitchell	Campbell	10044 74 <sup>th</sup> Street	Grimes, IA 50111
Vice President	Steven Lee	Hinrichs	2900 Orchard Drive	West Des Moines, IA 50266
Vice President	David Mills, Sr.	Martin	100 Market Street, #406	Des Moines, IA 50309
Vice President	Peter Redmond	Scanlon	300 Walnut Street	Des Moines, IA 50309
Vice President	Lee Ann	Schott	1409 N.W. 103 <sup>rd</sup> Street	Clive, IA 50325
Vice President	Gail Abbie	Smith	4640 Plumwood Drive	West Des Moines, IA 50265
Vice President	Kevin John	Wagoner	1101 58 <sup>th</sup> Street	West Des Moines, IA 50266
Vice President	Ronald Paul	Wittenwyler	6030 N. Waterbury Road	Des Moines, IA 50312
CIO & Director	Thomas Charles	Godlasky	1516 S. 42 <sup>nd</sup> Street	West Des Moines, IA 50265
<del>Director</del>	<del>Victor Neil</del>	<del>Daley</del>	<del>4131 Plumwood Drive</del>	<del>West Des Moines, IA 50265</del>

The following people no longer hold the indicated position that they held the previous year:

TITLE	FIRST / MIDDLE NAMES	LAST NAME
Vice President	James Gerard	Wanek
Director	Ralph William, Jr.	Laster
Director	John Adams	Wing