


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90022 049 ***150.00

DOCUMENT # 826748			
1. Entity Name AMERUS LIFE INSURANCE COMPANY			
Principal Place of Business 611 FIFTH AVE P.O. BOX 1555 DES MOINES, IA 50306		Mailing Address 611 FIFTH AVE P.O. BOX 1555 DES MOINES, IA 50306	
2. Principal Place of Business		3. Mailing Address 699 Walnut Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1400	
City & State		City & State Des Moines, IA	
Zip	Country	Zip	Country
		50309	U.S.

~1000952



08172004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOP	TITLE	CEOP
NAME	MCPHAIL, GARY ROSS	NAME	McPhail, Gary Ross
STREET ADDRESS	3151 VALLEY RIDGE COURT	STREET ADDRESS	3151 Valley Ridge Court
CITY-ST-ZIP	WEST DES MOINES, IA 50265	CITY-ST-ZIP	West Des Moines, IA 50265
TITLE	D	TITLE	V
NAME	DOAN, DT	NAME	Mugge, Mark S.
STREET ADDRESS	670 58TH PLACE	STREET ADDRESS	699 Walnut Street
CITY-ST-ZIP	WEST DES MOINES, IA 50266	CITY-ST-ZIP	Des Moines, IA 50309
TITLE	S	TITLE	T
NAME	SMALLENBERGER, JAMES A	NAME	Pathman, Siva
STREET ADDRESS	12906 N.W. 127TH COURT	STREET ADDRESS	611 Fifth Avenue
CITY-ST-ZIP	DES MOINES, IA 50325	CITY-ST-ZIP	Des Moines, IA 50309
TITLE	C/D	TITLE	
NAME	BROOKS, ROGER KAY	NAME	
STREET ADDRESS	5205 WOODLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	DES MOINES, IA 50312	CITY-ST-ZIP	
TITLE	T	TITLE	V
NAME	CUSHING, BRENDA J	NAME	Cushing, Brenda J
STREET ADDRESS	4809 STONEBRIDGE RD	STREET ADDRESS	4809 Stonebridge Rd
CITY-ST-ZIP	WEST DES MOINES, IA 50265	CITY-ST-ZIP	West Des Moines, IA 50265
TITLE	CFO	TITLE	D
NAME	URION, MELINDA SUE	NAME	Urion, Melinda Sue
STREET ADDRESS	1355 CUMMINGS LANE	STREET ADDRESS	699 Walnut Street
CITY-ST-ZIP	ARDEN HILLS, MN 55112	CITY-ST-ZIP	Des Moines, IA 50309

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark S Mugge Mark S Mugge 8/17/04 515-557-3935