AMOUNT DUE COF ANNU	PROFIT PORATION JAL REPORT	FLORIDA DEPAI FLORIDA DEPAI Sandra E Socreta	DUE TO REINSTATE: \$7 RTMENT OF STATE: 3. Mortham ry of State	so.) Sep) 18 1	LED 997 8:(try of S		
DOCU 1. Corporatio	1997 MENT # 80984 BLE LIFE INSURANCE CO	15 (1)	CORPORATIONS			2		
Principal Place of Business 804 LOCUST STREET P O BOX 1635 DES MOINES IA 50306		Mailing Address 804 LOCUST STREET P O BOX 1635 DES MOINES IA 50306			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date Incorporated or Qualified 3a. Date of Last Report			
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- ////	lace of Business	+ 26, Mailing Address + 26) 909 LOCU	ch Chaob	4. FEI Number			oplied For	
1 Suite, Apt	/ LUWST SITU	7 26 909 LOCUL Suite, Apt. #, etc.	st Street			- ¢8.75	ot Applicable Additional	
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City & Stat 3	e	City & State		6. Election Camp Trust Fund Cor			May Be to Fees	
Zip 4	Country 25	7ເຄ 29	Country 30		n owes or has pa orly Tax due June	id the current year In 30.	tangible No	
	9. Name and Address of Cu		81 Name	10. Name and Ad	dress of New Re	gistered Agent		
	JRANCE COMMISSIONER ST. CAPITOL BLDG.	ATE OF FLA			· · · · · · · · · · · · · · · · · · ·		; = _ t	
	LAHASSEE FL 32304		82 Street	Address (P.O. Box Numbe	r is Not Acceptab	>10)		
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11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statul	64 City	corporation submits this s	talement for the p	FL	Code ts regislered	
• • • • • • • • • • • • • • • • • • •	to the provisions of Sections 607.	tate of Florida. Such change was bligations of, Section 607.0505, Fl	64 City	poration's board of director	rs. I hereby accer	Durpose of changing i but the appointment as	ts regislered registered	
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