


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **813923** (0)
1. Corporation Name
FEDERATED LIFE INSURANCE COMPANY

Principal Place of Business
**121 EAST PARK SQUARE
OWATONNA MN 55060**

Mailing Address
**121 EAST PARK SQUARE
OWATONNA MN 55060**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1959	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 41-6022443		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL 32304				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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.

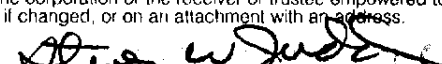
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISEKE, F.H.	1.2 NAME	
STREET ADDRESS	346 MURRAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	OWATONNA MN	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUXTON, C I II	2.2 NAME	
STREET ADDRESS	1143 AUSTIN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OWATONNA MN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGAN, LEONARD V	3.2 NAME	
STREET ADDRESS	815 MEMORIAL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CROOKSTON MN	3.4 CITY-ST-ZIP	
TITLE	DTS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEILAHN, JAIRUS EDWARD	4.2 NAME	
STREET ADDRESS	795 RIVERWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OWATONNA MN	4.4 CITY-ST-ZIP	
TITLE	PCEO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, KIRK N	5.2 NAME	
STREET ADDRESS	30 KIRK PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OWATONNA MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

507-455-5200

SIGNATURE  STEVEN W. JUDD, SR. VICE PRESIDENT 3/10/98

CR2E034 (10/97)

**FEDERATED MUTUAL INSURANCE COMPANY
FEDERATED SERVICE INSURANCE COMPANY
FEDERATED LIFE INSURANCE COMPANY**

SENIOR VICE PRESIDENTS			
Albert Theodore Annexstad 473-44-3557 DOB 09/17/40	669 Woodhill Place Owatonna, MN 55060	Senior Vice President Director of Marketing	01/20/89
Jon Robert Edwin Berglund 060-00-0671 DOB 10/30/34	735 Cardinal Drive Owatonna, MN 55060	Senior Vice President Director of Claims Assistant Secretary	10/28/91 11/07/94
Sarah Lee Buxton 476-52-2688 DOB 02/18/58	8970 90th Court Way Northfield, MN 55057	Senior Vice President Director of Field & Division Underwriting--Property, Casualty, Life & Health	10/27/97
Paul Frederick Droher 469-38-1798 DOB 07/14/50	1305 Ridge Road Owatonna, MN 55060	Senior Vice President Director of Property & Casualty--Home Office Underwriting	10/27/97
Steven William Judd 476-62-1207 DOB 06/02/50	460 Willow Creek Drive Owatonna, MN 55060	Senior Vice President Director of Actuarial Services	10/27/97
David William Ramsey 474-68-7789 DOB 11/05/55	550 Crestview Lane Owatonna, MN 55060	Senior Vice President Director of Administration Assistant Secretary	11/07/94 11/07/94
Raymond Robert Stawarz 347-34-0230 DOB 07/23/42	70 Oak View Place Owatonna, MN 55060	Senior Vice President Director of Corporate Accounting Assistant Treasurer Assistant Secretary	10/27/97 04/19/88 04/16/96
Gregory Joseph Stroik 344-42-9314 DOB 02/06/49	918 St. Andrews Place Owatonna, MN 55060	Senior Vice President Director of Investments, Taxes, & Internal Audit Assistant Treasurer Assistant Secretary	10/27/97 05/22/89 04/16/96

FIRST VICE PRESIDENTS			
Debra Bjurquist Aune 473-52-8537 DOB 06/13/56	1441 Woodview Lane SW Rochester MN 55902	First Vice President General Counsel	01/01/97