

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 # 815292 (8)

1. Corporation Name

PREFERRED RISK LIFE INSURANCE COMPANY



Principal Place of Business

1111 ASHWORTH ROAD  
WEST DES MOINES IA 50265

Mailing Address

1111 ASHWORTH ROAD  
WEST DES MOINES IA 50265

3. Date Incorporated or Qualified

05/22/1961

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32304

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 date 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	<input checked="" type="checkbox"/> DELETE
NAME	MERCER, BERNARD	
STREET ADDRESS	3100 TERRACE DR	
CITY-STATE-ZIP	DES MOINES IA	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	GATES, WILLIAM	
STREET ADDRESS	3505 ASHWOOD DRIVE	
CITY-STATE-ZIP	URBANDALE IA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, MELVERN	
STREET ADDRESS	13021 S. 41ST STREET	
CITY-STATE-ZIP	PHOENIX AZ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENSLEY, CHAD L.	
STREET ADDRESS	5141 GRAND AVENUE	
CITY-STATE-ZIP	DES MOINES IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PLUNK, ROBERT M.	
STREET ADDRESS	3804 ASHWORTH ROAD	
CITY-STATE-ZIP	WEST DES MOINES IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWLIN, PATRICK L.	
STREET ADDRESS	2880 GRAND AVENUE	
CITY-STATE-ZIP	DES MOINES IA	

1.1 TITLE	P/C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WEILER, MICHAEL R.	
1.3 STREET ADDRESS	700 SOUTHFORK DRIVE	
1.4 CITY-STATE-ZIP	WAUKEE IA 50263	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	POE, DAVID WEST	
3.3 STREET ADDRESS	13026 LINCOLN AVE	
3.4 CITY-STATE-ZIP	CLIVE IA 50325	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HUGHES, BRIAN JOSEPH	
4.3 STREET ADDRESS	5621 POMMEL PLACE	
4.4 CITY-STATE-ZIP	WEST DES MOINES IA 50266	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 1996 515-267-5000

Date

Daytime Phone

CR2E034 (12/95)