

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

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Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 50265-3544



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1961	3a. Date of Last Report 02/08/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 84-0471527	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
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
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 title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILER, MICHAEL R	1.2 NAME	
STREET ADDRESS	700 SOUTH FOLK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUKEE IA	1.4 CITY-ST-ZIP	
TITLE	SVPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, WILLIAM	2.2 NAME	
STREET ADDRESS	3505 ASHWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	URBANDALE IA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POE, DAVID WEST	3.2 NAME	
STREET ADDRESS	13026 LINCOLN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLIVE IA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, BRAIN JOSEPH	4.2 NAME	
STREET ADDRESS	5821 POMMEL PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUNK, ROBERT M.	5.2 NAME	
STREET ADDRESS	3804 ASHWORTH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWLIN, PATRICK L.	6.2 NAME	
STREET ADDRESS	2880 GRAND AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

*Michael R. Weiler* VP

CR2E034 (9/96)