

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 # **823428** (8)  
1. Corporation Name  
**LIFE INVESTORS INSURANCE COMPANY OF AMERICA**



Principal Place of Business Mailing Address  
**4333 EDGEWOOD RD. NE** **4333 EDGEWOOD RD. NE**  
**CEDAR RAPIDS IOWA 52402-6601** **CEDAR RAPIDS IOWA 52402-6601**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/21/1969		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		42-0191090		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	
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  
CAPITOL BLDG  
TALLAHASSEE FL 32301

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DSV	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, LARRY G.	
STREET ADDRESS	4333 EDGEWOOD ROAD NE	
CITY-ST-ZIP	CEDAR RAPIDS, IOWA 00000	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	FALCONIO, PATRICK E.	
STREET ADDRESS	4333 EDGEWOOD ROAD NE	
CITY-ST-ZIP	CEDAR RAPIDS, IOWA 00000 52499	
TITLE	ASV	<input type="checkbox"/> DELETE
NAME	VERMIE, CRAIG D.	
STREET ADDRESS	4333 EDGEWOOD RD NE	
CITY-ST-ZIP	CEDAR RAPIDS, IOWA 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KOLSRUD, DOUGLAS C.	
STREET ADDRESS	4333 EDGEWOOD RD NE	
CITY-ST-ZIP	CEDAR RAPIDS, IOWA 00000 52499	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	ENO, REX B.	
STREET ADDRESS	4333 EDGEWOOD RD. NE	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAIRD, PATRICK S.	
STREET ADDRESS	4333 EDGEWOOD RD. NE	
CITY-ST-ZIP	CEDAR RAPIDS IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McGraw, Robert J.	
1.3 STREET ADDRESS	1111 North Charles Street	
1.4 CITY-ST-ZIP	Baltimore, MD 21201	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vermie, Craig D.	
3.3 STREET ADDRESS	4333 Edgewood Road NE	
3.4 CITY-ST-ZIP	Cedar Rapids, IA 52499	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 that block contains an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(319) 398-8511

Daytime Phone #

CR2E034 (12/95)