

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 4333 EDGEWOOD RD. NE CEDAR RAPIDS IOWA 52402-6601	Mailing Address 4333 EDGEWOOD RD. NE CEDAR RAPIDS IOWA 52499-0001
---	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1969	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 42-0191090	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T
NAME	MCGRAW, ROBERT J	1.2 NAME	CLANCY, BRENDA K
STREET ADDRESS	1111 NORTH CHARLES STREET	1.3 STREET ADDRESS	4333 EDGEWOOD ROAD NE
CITY-ST-ZIP	BALTIMORE MD	1.4 CITY-ST-ZIP	CEDAR RAPIDS IA 52499
TITLE	DSVP	2.1 TITLE	
NAME	FALCONIO, PATRICK E.	2.2 NAME	
STREET ADDRESS	4333 EDGEWOOD ROAD NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS, IOWA 00000 52499	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	
NAME	VERMIE, CRAIG D.	3.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS, IOWA 00000	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	
NAME	KOLSRUD, DOUGLAS C.	4.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS, IOWA 00000 52499	4.4 CITY-ST-ZIP	
TITLE	PCD	5.1 TITLE	
NAME	ENO, REX B.	5.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD. NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	
NAME	BAIRD, PATRICK S.	6.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD. NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS 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 its 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 in an attachment with an address.

SIGNATURE:  REQUIRED; Craig D. Vermie 4/28/97 (319)398-7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0506749

CR2E034 (9/96)