

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90288 040 \*\*\*150.00

**DOCUMENT # 834394**

1. Entity Name  
**EMPLOYERS MODERN LIFE COMPANY**

Principal Place of Business <b>717 MULBERRY ST          P.O. BOX 712          DES MOINES IA 50303</b>	Mailing Address <b>717 MULBERRY ST          P.O. BOX 712          DES MOINES IA 50303</b>
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**00029411**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>42-0868851</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>SVD</b>	<input type="checkbox"/> Delete
NAME	<b>SHAW, JUDITH L</b>	
STREET ADDRESS	<b>1706 W 5TH</b>	
CITY-ST-ZIP	<b>INDIANOLA IA</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>KELLEY, BRUCE G</b>	
STREET ADDRESS	<b>14 GLENVIEW DRIVE</b>	
CITY-ST-ZIP	<b>DES MOINES IA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HUISINGA, ALAN D.</b>	
STREET ADDRESS	<b>440 NORTH 8TH</b>	
CITY-ST-ZIP	<b>CARLISLE IA</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>TROESTER, KEITH R</b>	
STREET ADDRESS	<b>2411 N 15TH ST</b>	
CITY-ST-ZIP	<b>ADEL IA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, RAYMOND W</b>	
STREET ADDRESS	<b>7928 BEECHWOOD COURT</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50322</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KLEMMER, DONALD D</b>	
STREET ADDRESS	<b>3908 MUSKOGGE AVE</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50312</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith R. Troester* **KEITH R. TROESTER** 2/15/2001 515-280-2543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)