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 # **835380** **(7)**

1. Corporation Name

ALLIED LIFE INSURANCE COMPANY

Principal Place of Business

701 FIFTH AVENUE
PO BOX 4927
DES MOINES IA 50391-2000
US

Mailing Address

701 FIFTH AVENUE
PO BOX 4927
DES MOINES IA 50391-2003
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **11/12/1975**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **42-0921353** [ ] Applied For [ ] Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
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) (DATE) (Registered Agent's signature required if filing this change) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	[ ] DELETE	1.1 TITLE	[ ] Change	[ ] Addition
NAME	EVANS, JOHN E.		1.2 NAME		
STREET ADDRESS	701 FIFTH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		1.4 CITY-ST-ZIP		
TITLE	P	[ ] DELETE	2.1 TITLE	[ ] Change	[ ] Addition
NAME	WELLS, SAMUEL J.		2.2 NAME		
STREET ADDRESS	701 FIFTH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 00000		2.4 CITY-ST-ZIP		
TITLE	V	[ ] DELETE	3.1 TITLE	[ ] Change	[ ] Addition
NAME	DUFFY, JOHN S		3.2 NAME		
STREET ADDRESS	701 FIFTH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 00000		3.4 CITY-ST-ZIP		
TITLE	S	[ ] DELETE	4.1 TITLE	[ ] Change	[ ] Addition
NAME	OLESON, GEORGE T.		4.2 NAME		
STREET ADDRESS	701 FIFTH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		4.4 CITY-ST-ZIP		
TITLE	VT	[ ] DELETE	5.1 TITLE	[ ] Change	[ ] Addition
NAME	CROSSER, WENDELL P.		5.2 NAME		
STREET ADDRESS	701 FIFTH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		5.4 CITY-ST-ZIP		
TITLE	V	[ ] DELETE	6.1 TITLE	[ ] Change	[ ] Addition
NAME	MCGILLIVRAY, PAUL G.		6.2 NAME		
STREET ADDRESS	701 FIFTH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 00000		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 changed, or on an attachment with an address.

SIGNATURE: X _____ Vice President & Treasurer 4/5/96 515-280-4622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

CR2E034 (12/95)