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FILED

Jan 27 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 # 835380

(7)

1. Corporation Name

ALLIED LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

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

701 FIFTH AVENUE
PO BOX 4927
DES MOINES IA 50391-0001
US

3. Date Incorporated or Qualified

11/12/1975

3a. Date of Last Report

04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	EVANS, JOHN E.	
STREET ADDRESS	701 FIFTH AVENUE	
CITY-ST-ZIP	DES MOINES IA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WELLS, SAMUEL J.	
STREET ADDRESS	701 FIFTH AVE	
CITY-ST-ZIP	DES MOINES, IA 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUFFY, JOHN S	
STREET ADDRESS	701 FIFTH AVE	
CITY-ST-ZIP	DES MOINES, IA 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OLESON, GEORGE T.	
STREET ADDRESS	701 FIFTH AVENUE	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CROSSER, WENDELL P.	
STREET ADDRESS	701 FIFTH AVENUE	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCGILLIVRAY, PAUL G.	
STREET ADDRESS	701 FIFTH AVE	
CITY-ST-ZIP	DES MOINES, IA 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Duffy

1/7/97

(515)280-4381