

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/12/1975	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 42-0921353	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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 85 Zip Code FL
--	--

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	CO EVANS, JOHN E. 701 FIFTH AVENUE DES MOINES IA	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	50391-2000
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P WELLS, SAMUEL J. 701 FIFTH AVE DES MOINES, IA 00000	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	50391-2000
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V DUFFY, JOHN S 701 FIFTH AVE DES MOINES, IA 00000	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Iverson, Donald J.
STREET ADDRESS		3.3 STREET ADDRESS	701 5th Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Des Moines, IA 50391-2000
TITLE	S OLESON, GEORGE T. 701 FIFTH AVENUE DES MOINES IA	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Malloy, Sally J.
STREET ADDRESS		4.3 STREET ADDRESS	701 5th Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Des Moines, IA 50391-2000
TITLE	VT CROSSER, WENDELL P. 701 FIFTH AVENUE DES MOINES IA	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	50391-2000
TITLE	V MCGILLIVRAY, PAUL G. 701 FIFTH AVE DES MOINES, IA 00000	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Whitsell, William D.
STREET ADDRESS		6.3 STREET ADDRESS	701 5th Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Des Moines, IA 50391-2000

14. 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 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: Sally J. Malloy Sally J. Malloy 4/23/98 515-280-4430

CR2E034 (10/97)