

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90207 040 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 835380
 1. Corporation Name
ALLIED LIFE INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
11/12/1975

4. FEI Number
42-0921353

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 owes the current year Intangible Personal Property Tax. ☐ 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
 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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, JOHN E.	
STREET ADDRESS	701 FIFTH AVENUE	
CITY-STATE-ZIP	DES MOINES IA 50391	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WELLS, SAMUEL J.	
STREET ADDRESS	701 FIFTH AVE	
CITY-STATE-ZIP	DES MOINES, IA 00000 50391	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	IVERSON, DONALD J.	
STREET ADDRESS	701 FIFTH AVE	
CITY-STATE-ZIP	DES MOINES, IA 00000 50391	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MALLOY, SALLY J.	
STREET ADDRESS	701 FIFTH AVENUE	
CITY-STATE-ZIP	DES MOINES IA 50391	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	CROSSER, WENDELL P.	
STREET ADDRESS	701 FIFTH AVENUE	
CITY-STATE-ZIP	DES MOINES IA 50391	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITSELL, WILLIAM D.	
STREET ADDRESS	701 FIFTH AVE	
CITY-STATE-ZIP	DES MOINES, IA 00000 50391	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McFerson, Dimon R.	
1.3 STREET ADDRESS	One Nationwide Plaza	
1.4 CITY-STATE-ZIP	Columbus, OH 43215	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wells, Samuel J.	
2.3 STREET ADDRESS	701 Fifth Avenue	
2.4 CITY-STATE-ZIP	Des Moines, IA 50391	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Iverson, Donald J.	
3.3 STREET ADDRESS	701 Fifth Avenue	
3.4 CITY-STATE-ZIP	Des Moines, IA 50391	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Click, Dennis W.	
4.3 STREET ADDRESS	One Nationwide Plaza	
4.4 CITY-STATE-ZIP	Columbus, OH 43215	
5.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Butler, Lynda M.	
5.3 STREET ADDRESS	701 5th Avenue	
5.4 CITY-STATE-ZIP	Des Moines, IA 50391	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Whitsell, William D.	
6.3 STREET ADDRESS	701 Fifth Avenue	
6.4 CITY-STATE-ZIP	Des Moines, IA 50391	

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, with all other like empowered.

SIGNATURE: *Lynda M. Butler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 515-280-8855
 Date Daytime Phone #

CR2E034 (1/98)