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**Mar 05 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 # F96000005638 (9)

**1. Corporation Name
AMERICAN TRAVELERS ASSURANCE COMPANY**



**Principal Place of Business
820 KEOSAUQUA WAY
DES MOINES IA 50309-1575**

**Mailing Address
820 KEOSAUQUA WAY
DES MOINES IA 50309-1517**

3. Date Incorporated or Qualified 10/29/1996	3a. Date of Last Report
4. FEI Number 42-1211565	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Site Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
200 EAST GAINES STREET, LARSON BLDG
TALLAHASSEE FL 32399-0300**

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

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

TITLE	PC <input type="checkbox"/> DELETE
NAME	AXTELL, MAYNARD J
STREET ADDRESS	820 KEOSAUQUA WAY
CITY-ST-ZIP	DES MOINES IA 50309-1575
TITLE	V <input type="checkbox"/> DELETE
NAME	MURPHY, EDWARD A
STREET ADDRESS	820 KEOSAUQUA WAY
CITY-ST-ZIP	DES MOINES IA 50309-1575
TITLE	S <input type="checkbox"/> DELETE
NAME	PETERSON, CHARLES L
STREET ADDRESS	820 KEOSAUQUA WAY
CITY-ST-ZIP	DES MOINES IA 50309-1575
TITLE	T <input type="checkbox"/> DELETE
NAME	BLAKE, GERALD K
STREET ADDRESS	820 KEOSAUQUA WAY
CITY-ST-ZIP	DES MOINES IA 50309-1575
TITLE	D <input type="checkbox"/> DELETE
NAME	LOCK, FREDERICK H
STREET ADDRESS	820 KEOSAUQUA WAY
CITY-ST-ZIP	DES MOINES IA 50309-1575
TITLE	D <input type="checkbox"/> DELETE
NAME	HANSON, LEROY J
STREET ADDRESS	820 KEOSAUQUA WAY
CITY-ST-ZIP	DES MOINES IA 50309-1575

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)(r), 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: *Gerald K. Blake* **Gerald K. Blake** **2-24-97** **515-283-0101**

CR2E034 (9/96)