

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

FILED
Mar 04 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 # F96000005638 (9)
1. Corporation Name
AMERICAN TRAVELERS ASSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5700 Westown Parkway Suite, Apt #, etc. 22 City & State 23 West Des Moines, Iowa 24 Zip 50266-8221 25 Country		2a. Mailing Address 26 5700 Westown Parkway Suite, Apt #, etc. 27 City & State 28 West Des Moines, Iowa 29 Zip 50266-8221 30 Country		3. Date Incorporated or Qualified 10/29/1996	
				4. FEI Number 42-1211565	
				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	
				7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 FL 85 Zip Code	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PC			1.1 TITLE			
NAME	AXTELL, MAYNARD J			1.2 NAME	James D Wallace		
STREET ADDRESS	820 KEOSAUQUA WAY			1.3 STREET ADDRESS	5700 Westown Parkway		
CITY-ST-ZIP	DES MOINES IA 50309-1575			1.4 CITY-ST-ZIP	West Des Moines, IA 50266-8221		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURPHY, EDWARD A			2.2 NAME	Bonnie T. Gerst		
STREET ADDRESS	820 KEOSAUQUA WAY			2.3 STREET ADDRESS	5700 Westown Parkway		
CITY-ST-ZIP	DES MOINES IA 50309-1575			2.4 CITY-ST-ZIP	West Des Moines, IA 50266-8221		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSON, CHARLES L			3.2 NAME	Gerald K. Blake		
STREET ADDRESS	820 KEOSAUQUA WAY			3.3 STREET ADDRESS	5700 Westown Parkway		
CITY-ST-ZIP	DES MOINES IA 50309-1575			3.4 CITY-ST-ZIP	West Des Moines, IA 50266-8221		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAKE, GERALD K			4.2 NAME	John E. Runyan		
STREET ADDRESS	820 KEOSAUQUA WAY			4.3 STREET ADDRESS	5700 Westown Parkway		
CITY-ST-ZIP	DES MOINES IA 50309-1575			4.4 CITY-ST-ZIP	West Des Moines, IA 50266-8221		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOCK, FREDERICK H			5.2 NAME			
STREET ADDRESS	820 KEOSAUQUA WAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	DES MOINES IA 50309-1575			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANSON, LEROY J			6.2 NAME			
STREET ADDRESS	820 KEOSAUQUA WAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	DES MOINES IA 50309-1575			6.4 CITY-ST-ZIP			

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:

Bonnie T. Gerst

2-19-98

515-221-0101

CR2E034 (10/97)