

AmerUs Life
Insurance Company
611 Fifth Avenue
Des Moines, IA 50309
515/283-2371

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 17 12 48 PM '96

July 12, 1996

AMERUS
Life

CERTIFIED MAIL/RETURN RECEIPT

Public Records Office
Federal Election Commission
999 E. Street, NW
Washington, DC 20463

RE: American Mutual Life Insurance Company
Political Action Committee
Identification No. C00180901

Dear Sir or Madam:

Enclosed is the American Mutual Life Insurance Company Political Action Committee's July 15 quarterly report for the reporting period of April 1, 1996 through June 30, 1996. On July 1, 1996, American Mutual Life Insurance Company changed its name to AmerUs Life Insurance Company. A form will be filed shortly reflecting a change of name for our company's political action committee.

If you have any questions, please contact our office. Thank you.

Sincerely,

Jeananne Celander

Jeananne Celander
Senior Research Assistant
Corporate Finance

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 17 12 48 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) C00180901 052976 n 261 JAMES A SPALLENBERGER AMERICAN MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMM 811 FIFTH AVENUE DES MOINES IA 50309		2. FEC IDENTIFICATION NUMBER C00180901
		3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____

in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	04/01/96 through 06/30/96		
6. (a) Cash on Hand January 1, 19			\$ 6,961.21
(b) Cash on Hand at Beginning of Reporting Period		\$ 8,177.56	
(c) Total Receipts (from Line 19)		\$ 6,320.40	\$ 7,536.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 14,497.96	\$ 14,497.96
7. Total Disbursements (from Line 30)		\$ 700.00	\$ 700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 13,797.96	\$ 13,797.96
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer JAMES A. SMALLENBERGER			
Signature of Treasurer 		Date	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5457g.

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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE **AMERICAN MUTUAL LIFE INSURANCE COMPANY
POLITICAL ACTION COMMITTEE**

REPORT COVERING PERIOD

FROM **04/01/96** TO: **06/30/96**

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)		2,895.00	3,627.51	11(a)(i)
ii. Unitemized		2,447.34	2,931.18	11(a)(ii)
iii. Total	(add i and ii) >	5,342.34	6,558.69	11(a)(iii)
b. Political Party Committees		0.00	0.00	11(b)
c. Other Political Committees (such as PACs)		978.06	978.06	11(c)
d. Total Contributions	(add a ii, b and c) >	6,320.40	7,536.75	11(d)
12. Transfers From Affiliated/Other Party Committees		0.00	0.00	12
13. All Loans Received		0.00	0.00	13
14. Loan Repayments Received		0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00	18
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,320.40	7,536.75	19
20. Total Federal Receipts	(subtract line 18 from line 19) >	6,320.40	7,536.75	20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share		0.00	0.00	21(a)(i)
ii. Non-Federal Share		0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures		0.00	0.00	21(b)
c. Total Operating Expenditures	(add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees		0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees		700.00	700.00	23
24. Independent Expenditures (use Schedule E)		0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00	25
26. Loan Repayments Made		0.00	0.00	26
27. Loans Made		0.00	0.00	27
28. Refunds of Contributions To:				
a. Individual/Persons Other Than Political Committees		0.00	0.00	28(a)
b. Political Party Committees		0.00	0.00	28(b)
c. Other Political Committees (such as PACs)		0.00	0.00	28(c)
d. Total Contribution Refunds	(add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements		0.00	0.00	29
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	700.00	700.00	30
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	700.00	700.00	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		6,320.40	7,536.75	32
33. Total Contribution Refunds (from line 28d)		0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		6,320.40	7,536.75	34
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00	36
37. Net Operating Expenditures	(subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 11(a) (12)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BROOKS, ROGER K. 300 WALNUT STREET # 183 DES MOINES, IA 50309	AmerUs Life Insurance Co. 418 SIXTH AVENUE DES MOINES, IA 50309	04/30/96 05/31/96 06/30/96	\$150.00 \$150.00 \$150.00
	Occupation CEO	Aggregate Year-to-Date > \$ 675.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code BOITJNF, DIANE 14 NE 70th Place AWKENCY, IA 50021	AmerUs Bank 418 SIXTH AVENUE DES MOINES, IA 50309	06/23/96	\$200.00
	Occupation SVP-OPERATIONS	Aggregate Year-to-Date > \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code DOAN, D I 670 58th PLACE WEST DES MOINES, IA 50266	AmerUs Life Insurance Co. 611 Fifth Avenue DES MOINES, IA 50309	04/30/96 05/31/96 06/30/96	\$125.00 \$125.00 \$125.00
	Occupation VICE CHAIRMAN	Aggregate Year-to-Date > \$ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code FLORRIDGE, GEORGE 2615 S. 43rd STREET WEST DES MOINES, IA 50265	AmerUs Life Insurance Co. 611 FIFTH AVENUE DES MOINES, IA 50309	04/30/96 05/31/96 06/30/96	\$40.00 \$40.00 \$40.00
	Occupation SVP-CORPORATE SERVICES	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code GODLASKY, THOMAS G. 1516 S. 42nd STREET WEST DES MOINES, IA 50265	AmerUs Life Insurance Co. 418 SIXTH AVENUE DES MOINES, IA 50309	05/31/96 06/30/96	\$100.00 \$100.00
	Occupation EVP & Chief Investment Officer	Aggregate Year-to-Date > \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code KALAINOV, SAM 681 50th DES MOINES, IA 50312	AmerUs Life Insurance Co. 418 SIXTH AVENUE DES MOINES, IA 50309	04/16/96 04/30/96 05/31/96 06/30/96	\$500.00 \$100.00 \$100.00 \$100.00
	Occupation Chairman	Aggregate Year-to-Date > \$ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code SPROUT, MICHAEL E. 100 37th STREET DES MOINES, IA 50312	AmerUs Life Insurance Co. 418 SIXTH AVENUE DES MOINES, IA 50309	04/30/96 05/31/96 06/30/96	\$100.00 \$100.00 \$100.00
	Occupation EVP & CFO	Aggregate Year-to-Date > \$ 312.51	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$2,445.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

AMERICAN MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code LANGPAUL, ROGER 14162 LAKE POINTE DRIVE CLIVE, IA 50325 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Properties 4949 WESTOWN PKWY, STE 245 WEST DES MOINES, IA 50366 Occupation VP-REAL ESTATE MGMT Aggregate Year-to-Date \$250.00	Date (month, day, year) 04/29/96	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code KNAPP II, WILLIAM C. 5221 NW 70th Place JOHNSTON, IA 50131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Properties 4949 WESTOWN PKWY, STE 245 WEST DES MOINES, IA 50366 Occupation PRESIDENT & CEO Aggregate Year-to-Date \$200.00	Date (month, day, year) 04/30/96	Amount of Each Receipt this Period \$200.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$450.00

TOTAL This Period (last page this line number only)

\$2,895.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER
11 (c)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code AmerUs Bank Political Action Committee 418 SIXTH AVENUE DRS MOINES, LA 50309 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NA Occupation NA Aggregate Year-to-Date > \$ 978.06	Date (month, day, year) 05/14/96	Amount of Each Receipt this Period \$978.06
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	978.06
TOTAL This Period (last page this line number only)	978.06

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
AMERICAN MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/02/96	Amount of Each Disbursement This Period \$200.00
EARL POMEROY FOR CONGRESS PO BOX 746 BISMARCK, ND 58502	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/02/96	Amount of Each Disbursement This Period \$200.00
B. Full Name, Mailing Address and ZIP Code GANKE FOR CONGRESS COMMITTEE 571 E. LOCUST, 2nd FLOOR DES MOINES, IA 50309	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/28/96	Amount of Each Disbursement This Period \$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$700.00
TOTAL This Period (last page this line number only)	\$700.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-18-96
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED and/or DATE OF RECEIPT
MPRT	7-17-96
PREPARER	DATE PREPARED