


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 831139 1. Entity Name MILLIMAN USA, INC.	
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Principal Place of Business 1301 FIFTH AVENUE SUITE 3800 SEATTLE, WA 98101-2605	Mailing Address 1301 FIFTH AVENUE SUITE 3800 SEATTLE, WA 98101-2605
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-0675641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution... \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLETT, ROBERT L 1301 FIFTH AVE., STE. 3800 SEATTLE, WA 981012605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, BRADLEY 9400 N CENTRAL EXPRESSWAY DALLAS, TX 752315030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PEDERSEN, WILLIAM S 1301 FIFTH AVE., STE. 3800 SEATTLE, WA 981012605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS POLLACK, BRIAN S 1301 FIFTH AVE., STE. 3800 SEATTLE, WA 981012605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARK O 111 SW FIFTH AVE STE 2900 PORTLAND, OR 972013690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, TIMOTHY D 333 CLAY STREET STE 4330 HOUSTON, TX 770027338

U00000002128
 01/13/04-80001-009 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pat A. Leeb 1/6/04 206-504-5574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #