

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 850735 (2)

1. Corporation Name

SEABOARD LIFE INSURANCE COMPANY (USA)



Principal Place of Business

525 SOUTH MERIDIAN STREET  
P. O. BOX 6047  
INDIANAPOLIS IN 46206-3047

Mailing Address

525 SOUTH MERIDIAN STREET  
P. O. BOX 6047  
INDIANAPOLIS IN 46206-3047

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 2165 West Broadway

27 Suite, Apt. #, etc.

27 P.O. Box 5900

28 City & State

28 Vancouver, British Columbia

29 Zip

29 V6B 5H6

30 Country

30 Canada

3. Date Incorporated or Qualified  
10/16/1981

3a. Date of Last Report  
06/28/1995

4. FFI Number  
35-1817054

Applied For  
Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 the filer's locality

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, ROBERT T  
STREET ADDRESS 2165 W. BROADWAY  
CITY-ST-ZIP VANCOUVER BR ☐ DELETE

TITLE V  
NAME CAYETANO, ARLENE  
STREET ADDRESS 525 S. MERIDIAN ST.  
CITY-ST-ZIP INDIANAPOLIS IN ☐ DELETE

TITLE S  
NAME WANDS, ISOBEL R  
STREET ADDRESS 2165 W BROADWAY  
CITY-ST-ZIP VANCOUVER BC ☐ DELETE

TITLE TD  
NAME STICKNEY, MICHAEL L  
STREET ADDRESS 2165 W BROADWAY  
CITY-ST-ZIP VANCOURVER BC ☐ DELETE

TITLE D  
NAME NEWTON, COLBY N  
STREET ADDRESS 7630 SW MOHAWK  
CITY-ST-ZIP TUALTN OR ☐ DELETE

TITLE V  
NAME TYSOE, JOHN S  
STREET ADDRESS 2165 W BROADWAY  
CITY-ST-ZIP VANCOUVER BC ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*J. Wands*

Isobel R Wands

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 1996 (604)734-1667

Date Daytime Phone #

CR2E034 (12/95)