

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/16/1981		06/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		35-1817054		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		V6B 5H6		Canada	

9. Name and Address of Current Registered Agent				10. Name and Address of New 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			

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's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT T	1.2 NAME	
STREET ADDRESS	2165 W. BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	VANCOUVER BR	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAYETANO, ARLENE	2.2 NAME	
STREET ADDRESS	525 S. MERIDIAN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDS, ISOBEL R	3.2 NAME	
STREET ADDRESS	2165 W BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	VANCOUVER BC	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKNEY, MICHAEL L	4.2 NAME	
STREET ADDRESS	2165 W BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	VANCOUVER BC	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, COLBY N	5.2 NAME	
STREET ADDRESS	7630 SW MOHAWK	5.3 STREET ADDRESS	
CITY-ST-ZIP	TUALTN OR	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSOE, JOHN S	6.2 NAME	
STREET ADDRESS	2165 W BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	VANCOUVER BC	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: Isobel R Wands Isobel R Wands March 20, 1996 (604)734-1667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to a Phone #

CR2E034 (12/95)