

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

**FILED**

**Sep 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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 <b>525 SOUTH MERIDIAN STREET P. O. BOX 8047 INDIANAPOLIS IN 46206-3047</b>	Mailing Address <b>2165 W BROADWAY PO BOX 5900 VANCOUVER BR V6B 5 US</b>	<b>CHANGES NOTED BELOW</b>
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3. Date Incorporated or Qualified <b>10/16/1981</b>	3a. Date of Last Report <b>03/26/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b> Suite, Apt. #, etc.	<b>26</b> <b>PO Box 5900</b>	<b>35-1817054</b>	Not Applicable
<b>22</b> City & State	<b>27</b> Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>23</b> Zip	<b>28</b> <b>VANCOUVER, B.C.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>24</b> Country	<b>29</b> <b>V6B 5H6</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>25</b> Country	<b>30</b> <b>CANADA</b>		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b> <b>300002304243</b>	
		<b>84</b> City	<b>FL</b> <b>85</b> Zip Code
			<b>09/26/97--01002--024</b>
			<b>***550.00</b>

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: Reg-Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PD SMITH, ROBERT T</b>	1.2 NAME	<b>HARRISON, WENDY F.</b>
STREET ADDRESS	<b>2165 W. BROADWAY</b>	1.3 STREET ADDRESS	<b>2165 W. BROADWAY</b>
CITY-ST-ZIP	<b>VANCOUVER BR</b>	1.4 CITY-ST-ZIP	<b>VANCOUVER, B.C. V6B 5H6</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V CAYETANO, ARLENE</b>	2.2 NAME	<b>APOLSKIS, MICHAEL</b>
STREET ADDRESS	<b>525 S. MERIDIAN ST.</b>	2.3 STREET ADDRESS	<b>525 S. MERIDIAN ST.</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	2.4 CITY-ST-ZIP	<b>INDIANAPOLIS IN.</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S WANDS, ISOBEL R</b>	3.2 NAME	<b>BLAKE, ROBERT M.</b>
STREET ADDRESS	<b>2165 W BROADWAY</b>	3.3 STREET ADDRESS	<b>2165 W. BROADWAY</b>
CITY-ST-ZIP	<b>VANCOUVER BC</b>	3.4 CITY-ST-ZIP	<b>VANCOUVER, B.C. V6B 5H6</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TD STICKNEY, MICHAEL L</b>	4.2 NAME	<b>KONTERMAN, ROGLOF</b>
STREET ADDRESS	<b>2165 W BROADWAY</b>	4.3 STREET ADDRESS	<b>525 S. MERIDIAN ST.</b>
CITY-ST-ZIP	<b>VANCOUVER BC</b>	4.4 CITY-ST-ZIP	<b>INDIANAPOLIS IN.</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D NEWTON, COLBY N</b>	5.2 NAME	<b>KINHEAD, DR. LEWIS R.</b>
STREET ADDRESS	<b>7830 SW MOHAWK</b>	5.3 STREET ADDRESS	<b>525 S. MERIDIAN ST.</b>
CITY-ST-ZIP	<b>TUALTN OR</b>	5.4 CITY-ST-ZIP	<b>INDIANAPOLIS IN.</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V TYSOE, JOHN S</b>	6.2 NAME	<b>WOJTCOWICZ, JEAN L.</b>
STREET ADDRESS	<b>2165 W BROADWAY</b>	6.3 STREET ADDRESS	<b>525 S. MERIDIAN ST.</b>
CITY-ST-ZIP	<b>VANCOUVER BC</b>	6.4 CITY-ST-ZIP	<b>INDIANAPOLIS IN.</b>

14. I do 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: \_\_\_\_\_ **SEPT 16, 1997 (604) 737-9258**

CP2E034 (9/96)