

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 PO BOX 5900 2165 W. BROADWAY VANCOUVER, B.C., CANADA V6B 5H6 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 35-1817054	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	ACQUA V
NAME	SMITH, ROBERT T	1.2 NAME	HARRISON, WENDY F.
STREET ADDRESS	2165 W. BROADWAY	1.3 STREET ADDRESS	2165 WEST BROADWAY
CITY - ST - ZIP	VANCOUVER BR BC V6B 5H6	1.4 CITY - ST - ZIP	VANCOUVER, B.C., V6B 5H6
TITLE	V	2.1 TITLE	
NAME	APOLSKIS, MICHAEL	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	S
NAME	WANDS, ISOBEL R	3.2 NAME	WANDS, ISOBEL R.
STREET ADDRESS	2165 W BROADWAY	3.3 STREET ADDRESS	2165 W. BROADWAY
CITY - ST - ZIP	VANCOUVER BC	3.4 CITY - ST - ZIP	VANCOUVER, BC
TITLE	TD	4.1 TITLE	T
NAME	STICKNEY, MICHAEL L	4.2 NAME	STICKNEY, MICHAEL L
STREET ADDRESS	2165 W BROADWAY	4.3 STREET ADDRESS	2165 W BROADWAY
CITY - ST - ZIP	VANCOUVER BC	4.4 CITY - ST - ZIP	VANCOUVER BC
TITLE	V	5.1 TITLE	
NAME	BLAKE, ROBERT M	5.2 NAME	
STREET ADDRESS	2165 W. BROADWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	VANCOUVER, B.C. V6B 5H6	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	
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 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:

[Signature] Mar 13/98 (604) 734-1667

CR2E034 (10/97)