

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

21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/16/1981	
4. FEI Number 35-1817054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT T	
STREET ADDRESS	2165 W. BROADWAY	
CITY - ST - ZIP	VANCOUVER BR BC V6B 5H6	
TITLE	V	<input type="checkbox"/> DELETE
NAME	APOLSKIS, MICHAEL	
STREET ADDRESS	525 S. MERIDIAN ST.	
CITY - ST - ZIP	INDIANAPOLIS IN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WANDS, ISOBEL R	
STREET ADDRESS	2165 W BROADWAY	
CITY - ST - ZIP	VANCOUVER BC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STICKNEY, MICHAEL L	
STREET ADDRESS	2165 W BROADWAY	
CITY - ST - ZIP	VANCOUVER BC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLAKE, ROBERT M	
STREET ADDRESS	2165 W. BROADWAY	
CITY - ST - ZIP	VANCOUVER, B.C. V6B 5H6	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TYSOE, JOHN S	
STREET ADDRESS	2165 W BROADWAY	
CITY - ST - ZIP	VANCOUVER BC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARRISON, WENDY F.	
1.3 STREET ADDRESS	2165 WEST BROADWAY	
1.4 CITY - ST - ZIP	VANCOUVER, B.C., V6B 5H6	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WANDS, ISOBEL R.	
3.3 STREET ADDRESS	2165 W. BROADWAY	
3.4 CITY - ST - ZIP	VANCOUVER, BC	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STICKNEY, MICHAEL L	
4.3 STREET ADDRESS	2165 W BROADWAY	
4.4 CITY - ST - ZIP	VANCOUVER BC	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ *Mar 13/98 (604) 734-1667*

CR2E034 (10/97)