

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90010 014 \*\*\*550.00

DOCUMENT # **850735**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/16/1981**

4. FEI 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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21 111 Monument Circle**

**26 P.O. Box 6047**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 4540**

Suite, Apt. #, etc.

**23 Indianapolis, IN**

**28 Indianapolis, IN**

City & State

City & State

**24 46204**

Country

**29 46206**

Country

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **SMITH, ROBERT T**  
STREET ADDRESS **2165 W. BROADWAY**  
CITY-ST-ZIP **VANCOUVER BC V6B5H**

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **David L. Carajle**  
1.3 STREET ADDRESS **650 Town Center Dr., Suite 1600**  
1.4 CITY-ST-ZIP **Costa Mesa, CA 92626**

TITLE **V** ☒ DELETE  
NAME **APOLSKIS, MICHAEL**  
STREET ADDRESS **525 S. MERIDIAN ST.**  
CITY-ST-ZIP **INDIANAPOLIS IN**

2.1 TITLE **Sen. VP, CFO, Treas. & D** ☐ Change ☒ Addition  
2.2 NAME **Charles M. Caporale**  
2.3 STREET ADDRESS **650 Town Center Dr., Suite 1600**  
2.4 CITY-ST-ZIP **Costa Mesa, CA 92626**

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

3.1 TITLE **Sen. VP, C.Adm. O, Sec. G.C. & D** ☐ Change ☒ Addition  
3.2 NAME **Jose A. Velasco**  
3.3 STREET ADDRESS **650 Town Center Dr., Suite 1600**  
3.4 CITY-ST-ZIP **Costa Mesa, CA 92626**

TITLE **T** ☒ DELETE  
NAME **STICKNEY, MICHAEL L**  
STREET ADDRESS **2165 W BROADWAY**  
CITY-ST-ZIP **VANCOUVER BC**

4.1 TITLE **VP** ☐ Change ☒ Addition  
4.2 NAME **Andrew M. Weissert**  
4.3 STREET ADDRESS **111 Monument Circle, Suite 4540**  
4.4 CITY-ST-ZIP **Indianapolis, IN 46204**

TITLE **V** ☒ DELETE  
NAME **BLAKE, ROBERT M**  
STREET ADDRESS **2165 W. BROADWAY**  
CITY-ST-ZIP **VANCOUVER, B.C. V6B 5H6**

5.1 TITLE **Asst. S** ☐ Change ☒ Addition  
5.2 NAME **Amy M. Scott**  
5.3 STREET ADDRESS **111 Monument Circle, Suite 4540**  
5.4 CITY-ST-ZIP **Indianapolis, IN 46204**

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

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Howard S. Singer**  
6.3 STREET ADDRESS **5215 Old Orchard Rd., Suite 300**  
6.4 CITY-ST-ZIP **Skokie, IL 60077**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

**ANDY M. SCOTT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/99 (317) 238-5555**  
Date Daytime Phone #

0129769

CR2E034 (5/99)

Seaboard Life Insurance Company (USA) - Florida Annual Report

600291-90010-121

850735

Additional Directors

Edward D. Jones, III  
1050 Crown Pointe Parkway  
Suite 1150  
Atlanta, GA 30338

Stephen H. Paul  
300 N. Meridian Street  
Suite 2700  
Indianapolis, IN 46204-1782