


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).

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

08-03-1999 90010 014 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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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 <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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 111 Monument Circle Suite, Apt. #, etc. 22 Suite 4540 City & State 23 Indianapolis, IN Zip 24 46204	2a. Mailing Address 26 P.O. Box 6047 Suite, Apt. #, etc. 27 City & State 28 Indianapolis, IN Zip 29 46206
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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
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ROBERT T 2165 W. BROADWAY VANCOUVER BC V6B5H <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD David L. Carajle 650 Town Center Dr., Suite 1600 Costa Mesa, CA 92626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V APOLSKIS, MICHAEL 525 S. MERIDIAN ST. INDIANAPOLIS IN <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Sen. VP, CFO, Treas. & D Charles M. Caporale 650 Town Center Dr., Suite 1600 Costa Mesa, CA 92626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WANDS, ISOBEL R 2165 W BROADWAY VANCOUVER BC <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Sen. VP, C.Adm. O, Sec. G.C. & D Jose A. Velasco 650 Town Center Dr., Suite 1600 Costa Mesa, CA 92626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STICKNEY, MICHAEL L 2165 W BROADWAY VANCOUVER BC <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP Andrew M. Weissert 111 Monument Circle, Suite 4540 Indianapolis, IN 46204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAKE, ROBERT M 2165 W. BROADWAY VANCOUVER, B.C. V6B 5H6 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Asst. S Amy M. Scott 111 Monument Circle, Suite 4540 Indianapolis, IN 46204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TYSOE, JOHN S 2165 W BROADWAY VANCOUVER BC <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Howard S. Singer 5215 Old Orchard Rd., Suite 300 Skokie, IL 60077 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: AMY M. SCOTT **REQUIRED** 7/28/99 (317) 238-5555

CR2E034 (5/99)

Seaboard Life Insurance Company (USA) - Florida Annual Report

600291-90010-14

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