

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813923 (0)

1. Corporation Name

FEDERATED LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

121 EAST PARK SQUARE
OWATONNA MN 55060

121 EAST PARK SQUARE
OWATONNA MN 55060

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/29/1959

3a. Date of Last Report

05/01/1995

4. FEI Number

41-6022443

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304

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

TITLE S ☐ DELETE

NAME HEISEKE, F.H.
STREET ADDRESS 346 MURRAY
CITY-ST-ZIP OWATONNA MN

TITLE CEO ☐ DELETE

NAME BUXTON, C I II
STREET ADDRESS 1143 AUSTIN ROAD
CITY-ST-ZIP OWATONNA MN

TITLE V ☐ DELETE

NAME SHEARD, JAMES L
STREET ADDRESS 530 BRAEMAR PL
CITY-ST-ZIP OWATONNA MN

TITLE D ☐ DELETE

NAME BERGAN, LEONARD V
STREET ADDRESS 815 MEMORIAL DRIVE
CITY-ST-ZIP CROOKSTON MN

TITLE DT ☐ DELETE

NAME MEILAHN, JAIRUS EDWARD
STREET ADDRESS 795 RIVERWOOD DR.
CITY-ST-ZIP OWATONNA MN

TITLE P ☐ DELETE

NAME NELSON, KIRK N
STREET ADDRESS 30 KIRK PLACE
CITY-ST-ZIP OWATONNA MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE C ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D/T/S ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE P/CEO ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIRUS E. MEILAHN 4/23/96 507-455-5200

Date:

Daytime Phone:

CR2E034 (12/95)