

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90041 032 ***150.00

DOCUMENT # **813923**

1. Corporation Name

FEDERATED LIFE INSURANCE COMPANY

Principal Place of Business

**121 EAST PARK SQUARE
OWATONNA MN 55060**

Mailing Address

**121 EAST PARK SQUARE
OWATONNA MN 55060**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1959

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304**

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	HEISEKE, F.H.	
STREET ADDRESS	346 MURRAY	
CITY-ST-ZIP	OWATONNA MN	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BUXTON, C I II	
STREET ADDRESS	1143 AUSTIN ROAD	
CITY-ST-ZIP	OWATONNA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGAN, LEONARD V	
STREET ADDRESS	815 MEMORIAL DRIVE	
CITY-ST-ZIP	CROOKSTON MN	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	MEILAHN, JAIRUS EDWARD	
STREET ADDRESS	795 RIVERWOOD DR.	
CITY-ST-ZIP	OWATONNA MN	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	NELSON, KIRK N	
STREET ADDRESS	30 KIRK PLACE	
CITY-ST-ZIP	OWATONNA MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERDRICH, WILLIAM J.	
1.3 STREET ADDRESS	296 E. RIVERCREST DR.	
1.4 CITY-ST-ZIP	RUSHVILLE IN 46273	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1306 BIRCHMONT BEACH RD NE	
3.4 CITY-ST-ZIP	BEMIDJI MN 56601	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: *Raymond R. Stawarz* **RAYMOND R. STAWARZ, SR. VICE-PRESIDENT 2-2-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0550572