

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 813923**

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **REICHERT, DONALD**
STREET ADDRESS **PO BOX 1843**
CITY-ST-ZIP **WENATCHEE WA 98801**TITLE **C** ☒ Delete
NAME **BUXTON, C I II**
STREET ADDRESS **1143 AUSTIN ROAD**
CITY-ST-ZIP **OWATONNA MN**TITLE **D** ☐ Delete
NAME **VAVRINA, RONALD**
STREET ADDRESS **BOX 201**
CITY-ST-ZIP **CLARKSON NE 68629**TITLE **DTS** ☐ Delete
NAME **MEILAHN, JAIRUS EDWARD**
STREET ADDRESS **795 RIVERWOOD DR.**
CITY-ST-ZIP **OWATONNA MN**TITLE **PCEO** ☐ Delete
NAME **ANNEXSTAD, AL**
STREET ADDRESS **669 WOODHILL PLACE**
CITY-ST-ZIP **OWATONNA MN 55060**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☒ Addition
NAME **Sarah L. Buxton**
STREET ADDRESS **5092 St. Paul Road**
CITY-ST-ZIP **Owatonna, MN 55060**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Raymond R. Szawarz, Senior Vice President

2-19-01

Date

507-455-5200

Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90179 042 ***150.00

C0034208

DO NOT WRITE IN THIS SPACE

4. FEI Number **41-6022443**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)