

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 820798 (7)

1. Corporation Name

NORTH CENTRAL LIFE INSURANCE COMPANY



Principal Place of Business

445 MINNESOTA STREET
P O BOX 64139
SAINT PAUL MINNESOTA 55164

Mailing Address

445 MINNESOTA STREET
P O BOX 64139
SAINT PAUL MINNESOTA 55164

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

3. Date Incorporated or Qualified

10/16/1967

3a. Date of Last Report

03/03/1995

4. FEI Number

41-0421280

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

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

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 607.1506, 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 of person performing the registration (Initials and Last Name)

Signature of Registered Agent (Last Name and Initials)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CD
SANBORN, BRUCE C.
STREET ADDRESS
445 MINNESOTA STREET
CITY-ST-ZIP
ST. PAUL MN

TITLE ☐ DELETE

NAME
V
TURNER, SCOTT A
STREET ADDRESS
445 MINNESOTA STREET
CITY-ST-ZIP
ST. PAUL MN

TITLE ☐ DELETE

NAME
P
CHAPMAN, CHRISTOPHER W.
STREET ADDRESS
445 MINNESOTA STREET
CITY-ST-ZIP
ST. PAUL MN

TITLE ☐ DELETE

NAME
SV
MCLAUGHLIN, MICHAEL E.
STREET ADDRESS
445 MINNESOTA STREET
CITY-ST-ZIP
ST. PAUL MN

TITLE ☐ DELETE

NAME
VT
DIEHL, RICHARD
STREET ADDRESS
445 MINNESOTA STREET
CITY-ST-ZIP
ST. PAUL MN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

PD

DIEHL, RICHARD E.

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

RICHARD E. DIEHL 02/15/96

800-888-8625 X211

CR2E034 (12/95)