FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:22

DOCUMENT # **839028** **(8)**

1. Corporation Name
NORTHERN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1110 THIRD AVE P O BOX 12530 SEATTLE WA 98111	1110 THIRD AVE P O BOX 12530 SEATTLE WA 98111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/25/1977
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 41-1295933 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
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
STATE INSURANCE COMMISSIONER CAPITOL BUILDING 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 _____ 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	TV	11 TITLE	V/T	☒ Change ☐ Addition
NAME	WAALE, EDWARD H.	12 NAME	KAUFMAN, Douglas R.	
STREET ADDRESS	17246 14TH AVE NW	13 STREET ADDRESS	3964 262nd Ave SE	
CITY ST ZIP	SEATTLE WA	14 CITY ST ZIP	Issaquah, WA 98027	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	MILLER, JAMES R	22 NAME		
STREET ADDRESS	2043 NE 64TH PL	23 STREET ADDRESS		
CITY ST ZIP	REDMOND WA	24 CITY ST ZIP		
TITLE	SV	31 TITLE		☐ Change ☐ Addition
NAME	DAVIS, EMILY	32 NAME		
STREET ADDRESS	2612 W VIEWMONT WAY W	33 STREET ADDRESS		
CITY ST ZIP	SEATTLE WA	34 CITY ST ZIP		
TITLE	PD	41 TITLE	P/D	☒ Change ☐ Addition
NAME	RODBY, CRAIG ROBERT	42 NAME	DUBES, Michael J.	
STREET ADDRESS	4638 227TH PL, S. E.	43 STREET ADDRESS	3529 264th Ave., SE	
CITY ST ZIP	ISSAQUAH WA	44 CITY ST ZIP	Issaquah, WA 98027	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	BEEGHLY, PAUL R	52 NAME		
STREET ADDRESS	10552 14TH NW	53 STREET ADDRESS		
CITY ST ZIP	SEATTLE WA	54 CITY ST ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	WONG, GREGORY WILLIA	62 NAME		
STREET ADDRESS	2123 CONDON WAY WEST	63 STREET ADDRESS		
CITY ST ZIP	SEATTLE WA	64 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)(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.

SIGNATURE: Emily Davis — Emily Davis — 3-20-95 — 206 292-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #