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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

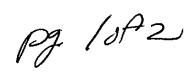
1996 **DOCUMENT #**

839028

(8)

NORTHERN LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address 1110 THIRD AVE 1110 THIRD AVE P O BOX 12530 SEATTLE WA 98111 P O BOX 12530 SEATTLE WA 98111 3. Date Incorporated or Qualified 3a. Date of Last Report



	TIMBE IMIE BIMII	- ATBIT BIĞIL BIĞIL	

					08/25/1977	03/30/1995						
2. Principal Place of Business		2a. N	2a. Mailing Address				4. FEI Number	·- <u></u>	Applied For			
21		26	<u> </u>				41-1295933		Not Applicable			
Suite, Apt. #, etc.		8	Suite, Apt. #. etc.				5. Certificate of Status Desired		\$8.75	Additional		
22		27					Section and Or Status Desired		Fee	Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution			d to Fees			
Zip	Country	Z	າດ	Countr	У		8. This corporation has liability for i	intangible tax	under s	199.032,		
24	25	29		30			Florida Statutes					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
				8	1	Name						
STATE INSURANCE COMMISSIONER					.+-	Stroot Address	reet Address (P.O. Box Number is Not Acceptable)					
CAPITOL BUILDING			62	1	Street Addres	at Address (r.to, plox Number is Not Acceptable)						
TALLAHASSEE FL 32304			8:	3								
THE WINDOLL I C OLOOT				↓.								
				84	1	City		FI	85 Zı	p Code		
11. Pursuan	at to the provisions of Sections 607.0502	and 607 1	508 Florida Statuto	e the above	1_	nyad caracrut	and a desired the atotached the above					
				ed by the cor	oor	ation's poard	of directors. Thereby accept the appo	pintment as re	ging IES r gistered	egistereα οπίσε Lagent. Lam		
tamiliar v	with, and accept the obligations of Secti	an 607.05	05, Florida Statutes.							-		
SIGNATURE	Teach and a title totals, and the continuous and the											
12.	Signature syond or prints I hame of registered again. OFFICERS AND		_	E Flogisterad Age ■ 13.	- '' C	grature required w	ADDITIONS/CHANGES TO OFFI	DATE CEDS AND D	IDECTO	CO IN 40		
TITLE	V	J DII 11 O 10	DELETE	1 1 Title		1 37	ADDITIONS/CHANGES TO OFF)		Change			
NAME:	KAUFMAN, DOUGLAS R		Dettere			V	Ab 41- D		Change	X Addition		
				1 2 NAME Ga		th Angelo Bernard 20 220th Place NE						
STREET ADDRESS				1 3 STREE	I A(mond WA 98053					
CHTY+ST ZHF	ISSAQUAH WA			14 CHY-		712	· · · · · · · · · · · · · · · · · · ·					
TITLE	V		DELETE	2 1 TIFLE		Ric	hard Contreras		Change	X Addition		
	NAME MILLER, JAMES R		22 N		O O KIALAS		- 7th S					
STREET ADDRESS				2.3 STREET ADDRESS 1		DDRESS I	onds, WA 98020					
CHY-ST-ZIP	REDMOND WA		-	2 4 CITY -	SI-	ZIF: EALDE	Orius, WA 90020					
THILE	SV		DELETE	3 1 1111.5		S		ĮX)	Change	☐ Addition		
NAME	DAVIS, EMILY		-	3.2 NAME		Susa	an M. Bergen					
STREET ADDRESS				3.3 S1Pf1	LA.		Portland Ave, #13					
City - St - ZiP	SEATTLE WA			3.4 CITY -	SI-	- 1	Paul, MN 55102					
TITLE	PD		☐ DELETE	4 1 THEF		v			Change	X Addition		
NAME	DUBES, MICHAEL J.			4.2 NAME		Jan	ice M. Dinham	_				
STREET ADDRESS	3529 264TH AVE., SE			4.3 STHEE	LAD	- 1	NW 97th Street					
CITY-SI-ZIP	ISSAQUAH WA			4.4 CITY -			tle. WA 98117					
TITLE	V	**	DELETE	5 1 1/ILE		v			Change	X Addition		
NAME	BEEGHLY, PAUL R			5.2 NAME		'	eme A Mill	LJ	9-			
STHEET ADDRESS	44000 4 1001 1 4 1141			5 3 STREE	LAO		ome A. Mills					
CITY-SI-ZIP	SEATTLE WA			5 4 0 11 Y -		002	9 - 172nd Ave SE ton, WA 98056					
11'LE	V		DELETE	6 1 TITLE	51 - 2	17	con, MA 90030		Change	X Addition		
NAME	WONG, GREGORY WILLIA			6.2 NAME		Gree	gory H. Noord	L	o range	Mud Boll		
						3111	l6 NE 139th			1		
STREET ADDRESS				63 STREE		Dinz	all, WA 98019					
CITY ST-ZIF	SEATTLE WA			6.4 CHY-	\$ I - Z	ZIP.	rus /00/17					

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qually 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or fillock 13 if changed, or on my attachment with an address.

SIGNATURE:

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas R. Kaufman

3-28-96

(206) 292-1111

Dayton Phone #

839028

Pg2ofZ

Continuation of Additions/Changes to Officers and Directors in 12

V Eric M. Onderdonk 2743 36th Ave., SW Seattle, WA 98126

Addition