

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

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DOCUMENT # 839028 (8)

1. Corporation Name

NORTHERN LIFE INSURANCE COMPANY



Principal Place of Business

1110 THIRD AVE
P O BOX 12530
SEATTLE WA 98111

Mailing Address

1110 THIRD AVE
P O BOX 12530
SEATTLE WA 98111

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/25/1977

3a. Date of Last Report

03/30/1995

4. FEI Number

41-1295933

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

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature printed when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	KAUFMAN, DOUGLAS R	
STREET ADDRESS	3964 262ND AVE. SE	
CITY-STATE-ZIP	ISSAQUAH WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, JAMES R	
STREET ADDRESS	2043 NE 64TH PL	
CITY-STATE-ZIP	REDMOND WA	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, EMILY	
STREET ADDRESS	2612 W VIEWMONT WAY W	
CITY-STATE-ZIP	SEATTLE WA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUBES, MICHAEL J.	
STREET ADDRESS	3529 264TH AVE., SE	
CITY-STATE-ZIP	ISSAQUAH WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEEGHLY, PAUL R	
STREET ADDRESS	10552 14TH NW	
CITY-STATE-ZIP	SEATTLE WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WONG, GREGORY WILLIA	
STREET ADDRESS	2123 CONDON WAY WEST	
CITY-STATE-ZIP	SEATTLE WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carth Angelo Bernard	
1.3 STREET ADDRESS	11020 220th Place NE	
1.4 CITY-STATE-ZIP	Redmond WA 98053	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Contreras	
2.3 STREET ADDRESS	920 - 7th S	
2.4 CITY-STATE-ZIP	Edmonds, WA 98020	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Susan M. Bergen	
3.3 STREET ADDRESS	436 Portland Ave, #13	
3.4 CITY-STATE-ZIP	St. Paul, MN 55102	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Janice M. Dinham	
4.3 STREET ADDRESS	909 NW 97th Street	
4.4 CITY-STATE-ZIP	Seattle, WA 98117	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jerome A. Mills	
5.3 STREET ADDRESS	6629 - 172nd Ave SE	
5.4 CITY-STATE-ZIP	Renton, WA 98056	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gregory H. Noord	
6.3 STREET ADDRESS	31116 NE 139th	
6.4 CITY-STATE-ZIP	Duvall, WA 98019	

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

Douglas R. Kaufman

3-28-96

(206) 292-1111

Daytime Phone

Daytime Phone

CR2E034 (12/95)

839028

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Continuation of Additions/Changes to Officers and Directors in 12

V

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

Addition