

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90118 012 \*\*\*150.00

**DOCUMENT # 839028**

1. Entity Name  
**NORTHERN LIFE INSURANCE COMPANY**

Principal Place of Business

**1501 FOURTH AVE  
 STE 1000  
 SEATTLE WA 98101**

Mailing Address

**1501 FOURTH AVE  
 STE 1000  
 SEATTLE WA 98101**

2. Principal Place of Business

3. Mailing Address

**20 Washington Ave S**

Suite, Apt., etc.

Suite, Apt., etc.

**Rt 1260**

City & State

City & State

**Minneapolis, MN**

Zip

Country

Zip

Country

**55401**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

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, 2002 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**

**See attached for complete list**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KAUFMAN, DOUGLAS R	
STREET ADDRESS	3964 262ND AVE. SE	
CITY-ST-ZIP	ISSAQUAH WA	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PENDERGRASS, DAVID S	
STREET ADDRESS	5780 POWERS FERRY ROAD	
CITY-ST-ZIP	ATLANTA GA 30327-4390	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLUDRAY-ENGELKE, PAULA	
STREET ADDRESS	20 WASHINGTON AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN 55401	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MCINTERNEY, THOMAS J	
STREET ADDRESS	151 FARMINGTON	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RENELT, LORALES A	
STREET ADDRESS	20 WASHINGTON AVE S	
CITY-ST-ZIP	MINNEAPOLIS MN 55401	
TITLE	D	<input type="checkbox"/> Delete
NAME	TULLIS, MARK ALAN	
STREET ADDRESS	1501 FOURTH AVENUE, SUITE 1000	
CITY-ST-ZIP	SEATTLE WA 98101	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert C. Salipante	
STREET ADDRESS	20 Washington Ave S.	
CITY-ST-ZIP	Minneapolis, MN 55401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**LORALEE A. RENELT** **Loralee A. Renelt** **1/23/01** **612-342-3514**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR1/101

CR2E034 (9/01)

# 839028

## 01/23/2002

Attachment 824289  
# 839028

Curtis W. Clark	Assistant Secretary
Luis O. Concepcion	Assistant Secretary
Ranae C. Ehlke	Assistant Secretary
Debbie S. Fiala	Assistant Secretary
Kent Fredrickson	Assistant Secretary
Daniel J. Hinkel	Assistant Secretary
William Hope	Assistant Secretary
Michael Lisenby	Assistant Secretary
Rhonda L. Massine	Assistant Secretary
Carol J. Moller	Assistant Secretary
John R. Oberg	Assistant Secretary
Allissa A. Obler	Assistant Secretary
Delaine M. Omonaka	Assistant Secretary
Loralee A. Renelt	Assistant Secretary
Steven P. Ruppel	Assistant Secretary
Rebecca A. Schoff	Assistant Secretary
Patricia M. Smith	Assistant Secretary
John F. Todd	Assistant Secretary
Terri W. Maxwell	Assistant Secretary
Renee McKenzie	Assistant Secretary and Assistant Treasurer
Robert F. Bowman	Assistant Treasurer
Raymond H. Dietman	Assistant Treasurer
Daniel J. Foley	Assistant Treasurer
Gary L. Jacobson	Assistant Treasurer
Frederick C. Litow	Assistant Treasurer
Maurice M. Moore	Assistant Treasurer
Steven G. Norcutt	Assistant Treasurer
Edward S. Oreen	Assistant Treasurer
Randy Ralph	Assistant Treasurer
James V. Wittich	Assistant Treasurer
Glenn A. Black	Tax Officer
Joseph J. Elmy	Tax Officer
G. Michael Fell	Tax Officer
James Taylor	Tax Officer
William Zolkowski	Tax Officer