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 FEB 28 PM 4:01

DOCUMENT # **845092** **(6)**

1. Corporation Name
LIFEUSA INSURANCE COMPANY

Principal Place of Business	Mailing Address
300 S. HIGHWAY 169 MINNEAPOLIS MN 55426	POST OFFICE BOX 59000 MINNEAPOLIS MN 55459-0000

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/29/1980
3a. Date of Last Report: 12/30/1994

2. Principal Place of Business	2a. Mailing Address
21	26 300 S. Highway 169
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 600
City & State 23	City & State 28 Minneapolis, MN
Zip 24 / Country 25	Zip 29 55426 / Country 30 United States

4. FEI Number: 41-1773866 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301	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 familar 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	CEO	11 TITLE	CEO/D	☑ Change ☐ Addition
NAME	MACDONALD, ROBERT W	12 NAME	MacDonald, Robert W.	
STREET ADDRESS	422 LAFEYETTE AVENUE	13 STREET ADDRESS	300 S. Highway 169, Ste. 600	
CITY-ST-ZIP	EXCELSIOR MN	14 CITY-ST-ZIP	Minneapolis, MN 55426	
TITLE	VAS	21 TITLE	V/D	☑ Change ☐ Addition
NAME	CARLSON, JOSEPH W	22 NAME	Carlson, Joseph W.	
STREET ADDRESS	1268 HIGHWAY 35	23 STREET ADDRESS	300 S. Highway 169, Ste. 600	
CITY-ST-ZIP	HURSON WI	24 CITY-ST-ZIP	Minneapolis, MN 55426	
TITLE	V	31 TITLE	V/D	☑ Change ☐ Addition
NAME	KATREIN, JACQUELINE K	32 NAME	Katrein, Jacqueline K.	
STREET ADDRESS	1409 EAST 131ST STREET	33 STREET ADDRESS	300 South Highway 169, Ste. 600	
CITY-ST-ZIP	BURNSVILLE MN	34 CITY-ST-ZIP	Minneapolis, MN 55426	
TITLE	C	41 TITLE	C/D	☑ Change ☐ Addition
NAME	ROURKE, DANIEL J	42 NAME	Rourke, Daniel J.	
STREET ADDRESS	21421 NORTH 142ND STREET	43 STREET ADDRESS	300 S. Highway 169, Ste 600	
CITY-ST-ZIP	SUN CITY AZ	44 CITY-ST-ZIP	Minneapolis, MN 55426	
TITLE	PD	51 TITLE	P/D	☑ Change ☐ Addition
NAME	URBAN, DONALD J	52 NAME	Urban, Donald J.	
STREET ADDRESS	1790 SHADYWOOD ROAD	53 STREET ADDRESS	300 S. Highway 169, Ste. 600	
CITY-ST-ZIP	WAYZATA MN	54 CITY-ST-ZIP	Minneapolis, MN 55426	
TITLE	EVP	61 TITLE	V/D	☑ Change ☐ Addition
NAME	HUGHES, MARGERY G	62 NAME	Hughes, Margery G.	
STREET ADDRESS	10 WILLOW WOODS DRIVE	63 STREET ADDRESS	300 S. Highway 169, Ste. 600	
CITY-ST-ZIP	TONKA BAY MN	64 CITY-ST-ZIP	Minneapolis, MN 55426	

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: Jacqueline K Katrein 2/22/95 (612) 546-7386
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0004083 PN