

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

DOCUMENT # **845092** (6)

1. Corporation Name

LIFEUSA INSURANCE COMPANY



Principal Place of Business

300 S. HIGHWAY 169
MINNEAPOLIS MN 55426

Mailing Address

300 S. HWY 169
SUITE 600
MINNEAPOLIS MN 55426
US

3. Date Incorporated or Qualified
01/29/1980

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

Suite 95

23

Zip

Country

28

City & State

24

25

29

Zip

Country

25

30

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 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 required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOD
MACDONALD, ROBERT W
300 S HWY 169 STE 600
MINNEAPOLIS IN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
CARLSON, JOSEPH W
300 S HWY 169 STE 600
MINNEAPOLIS MN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
KATREIN, JACQUELINE K
300 S HWY 169 STE 600
MINNEAPOLIS MN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
ROURKE, DANIEL J
300 S HIGHWAY 169, STE 600
MINNEAPOLIS MN 55426

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
URBAN, DONALD J
300 S HWY 169 STE 600
MINNEAPOLIS MN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HUGHES, MARGERY G
300 S HWY 169 STE 600
MINNEAPOLIS MN

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

Donald J. Urban

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald J. Urban

02/19/96

(612) 546-7386

DATE (Typed Name)

CR2E034 (12/95)