


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
STE 95
MINNEAPOLIS MN 55426-1191
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1980	
21		26		4. FEI Number 41-1773866	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

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
85	Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, ROBERT W	1.2 NAME	
STREET ADDRESS	300 S HWY 169 STE 600	1.3 STREET ADDRESS	300 S HWY 169 SUITE 95
CITY-ST-ZIP	MINNEAPOLIS IN	1.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55426-1191
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, JOSEPH W	2.2 NAME	TREASURER
STREET ADDRESS	300 S HWY 169 STE 600	2.3 STREET ADDRESS	ZESBAUGH, MARK A
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	300 S HWY 169 SUITE 95
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATREIN, JACQUELINE K	3.2 NAME	300 S HWY 169 SUITE 95
STREET ADDRESS	300 S HWY 169 STE 600	3.3 STREET ADDRESS	55426-1191
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROURKE, DANIEL J	4.2 NAME	
STREET ADDRESS	300 S HIGHWAY 169, STE 600	4.3 STREET ADDRESS	300 S HWY 169 SUITE 95
CITY-ST-ZIP	MINNEAPOLIS MN 55426	4.4 CITY-ST-ZIP	55426-1191
TITLE	PD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBAN, DONALD J	5.2 NAME	
STREET ADDRESS	300 S HWY 169 STE 600	5.3 STREET ADDRESS	300 S HWY 169 SUITE 95
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP	55426-1191
TITLE	VD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, MARGERY G	6.2 NAME	
STREET ADDRESS	300 S HWY 169 STE 600	6.3 STREET ADDRESS	300 S HWY 169 SUITE 95
CITY-ST-ZIP	MINNEAPOLIS MN	6.4 CITY-ST-ZIP	55426-1191

14. 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 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]

Daniel B. Rosenbaum

2/16/98 612-546-3286

CR2E034 (10/97)