

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 845092

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-1773866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MACDONALD, ROBERT W 300 S HWY 169 SUITE 95 MINNEAPOLIS IN 55426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZESBAUGH, MARK A 300 S HWY 169 SUITE 95 MINNEAPOLIS MN 55426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KATREIN, JACQUELINE K 300 S HWY 169 SUITE 95 MINNEAPOLIS MN 55426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROURKE, DANIEL J 300 S HWY 169 SUITE 95 MINNEAPOLIS MN 55426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URBAN, DONALD J 300 S HWY 169 SUITE 95 MINNEAPOLIS MN 55426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGHES, MARGERY G 300 S HWY 169 SUITE 95 MINNEAPOLIS MN 55426	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO D Zesbaugh, Mark A 300 S. Hwy 169, Suite 95 Minneapolis, MN 55426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD James, Robert S 300 S. Hwy 169, Suite 95 Minneapolis, MN 55426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Borach, Edward J 1750 Hennepin Ave Minneapolis, MN 55403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Hughes, Margery G 300 S HWY 169 Suite 95 Minneapolis, MN 55426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Kevin E. Walker KEVIN E. WALKER

8/22/00

800-950-5872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90058 045 ***550.00

00081950



DO NOT WRITE IN THIS SPACE