

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90028 016 \*\*\*150.00

**DOCUMENT # 854077**

1. Entity Name  
**CLARICA LIFE INSURANCE COMPANY-U.S.**



Principal Place of Business

200 44TH ST SW  
SUITE 200  
FARGO, ND 58103 US

Mailing Address

ATTN: MELODY JENSEN  
PO BOX 2907  
FARGO, ND 58108-2907 US

**54013076**



2. Principal Place of Business

2000 44th Street SW

3. Mailing Address

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.

City & State  
Fargo, ND

City & State

Zip  
58103

Country  
US

Zip

Country

01262004

Chg-P

CR2E034 (10/03)

4. FEI Number

45-0208990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
MASTERTON, MICHAEL J  
525 WEST VAN BEREN  
CHICAGO, IL 60607 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CRAIG, JOHN J  
ONE MIDLAND PLAZA  
SIOUX FALLS, SD 57193 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
MEYER, THOMAS M  
ONE MIDLAND PLAZA  
SIOUX FALLS, SD 57193 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
IVERSON, DONALD J  
ONE MIDLAND PLAZA  
SIOUX FALLS, SD 57193 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
PALMITTER, STEVEN P  
ONE MIDLAND PLAZA  
SIOUX FALLS, SD 57193 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
JENSEN, MELODY RJ  
200 44TH ST SW., STE 200  
FARGO, ND 58103 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Bruce D. Adams**

Date  
**February 18, 2004**

Daytime Phone #  
**(605) 373-2371**