

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

FILED

May 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002207 (9)

1. Corporation Name
OLD STANDARD LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

8801 EMERALD
150
BOISE ID 83704
US

929 W. SPRAGUE AVE.
LEGAL DEPT.
SPOKANE WA 99204
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/12/1993

4. FEI Number

82-0421178

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

Corporation Service Company

82

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code

32301

The Registered Agent change was filed in your
office on 12/8/97 Letter #797A00057974

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 of the person filing this statement (if not the registered agent, then the officer or director authorized to file)

(NOTE: Registered Agent signature required when reappointing)

DATE

5/18/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RUDD, CLAYTON
STREET ADDRESS 8801 EMERALD, STE. 150
CITY-ST-ZIP BOISE ID

TITLE VPD
NAME SANDIFUR, PHILIP
STREET ADDRESS E. 1108 27TH AVE.
CITY-ST-ZIP SPOKANE WA

TITLE STD
NAME TURNER, TOM
STREET ADDRESS 2128 SOUTH D
CITY-ST-ZIP SPOKANE WA

TITLE D
NAME POTTER, ROBERT
STREET ADDRESS EAST 4424 SPLIT ROCK RD.
CITY-ST-ZIP HAYDEN LAKE ID

TITLE D
NAME GINTER, CAROL
STREET ADDRESS 371 PONDERSOSA DRIVE
CITY-ST-ZIP PORT FALLS ID

TITLE ASD
NAME GIFFORD, MARSHA
STREET ADDRESS 4495 BLOOM
CITY-ST-ZIP BOISE ID

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS 929 W. Sprague Avenue
24 CITY-ST-ZIP Spokane, WA 99201

31 TITLE
32 NAME
33 STREET ADDRESS 929 W. Sprague Avenue
34 CITY-ST-ZIP Spokane, WA 99201

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS Post Falls
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS 929 W. Sprague Avenue
64 CITY-ST-ZIP Spokane, WA 99201

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.

CP2E034 (10/97)