

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90023 012 \*\*\*750.00

DOCUMENT # **F93000002207**

1. Corporation Name

**OLD STANDARD LIFE INSURANCE COMPANY**

Principal Place of Business

**8601 EMERALD  
150  
BOISE ID 83704  
US**

Mailing Address

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** **601 W. 1st Avenue**

Suite, Apt. #, etc.

City & State

**28** **Spokane, WA**

Zip Country

**29** **99201-5015** **30** **US**

9. Name and Address of Current Registered Agent

**OPERATION SERVICE COMP (Corporation-Spelling)  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **RUDD, CLAYTON**

STREET ADDRESS **8601 EMERALD, STE. 150**

CITY-ST-ZIP **BOISE ID**

TITLE **VPD** ☐ DELETE

NAME **SANDIFUR, PHILIP**

STREET ADDRESS **929 W SPRAGUE AVE**

CITY-ST-ZIP **SPOKANE WA 99201**

TITLE **STD** ☐ DELETE

NAME **TURNER, TOM**

STREET ADDRESS **929 W SPRANGE AVE**

CITY-ST-ZIP **SPOKANE WA 99201**

TITLE **D** ☐ DELETE

NAME **POTTER, ROBERT**

STREET ADDRESS **EAST 4424 SPLIT ROCK RD.**

CITY-ST-ZIP **HAYDEN LAKE ID**

TITLE **D** ☐ DELETE

NAME **GINTER, CAROL**

STREET ADDRESS **371 PONDEROSA DRIVE**

CITY-ST-ZIP **POST FALLS ID**

TITLE **ASD** ☐ DELETE

NAME **GIFFORD, MARSHA**

STREET ADDRESS **929 W SPRANGE AVE**

CITY-ST-ZIP **BOISE ID 99201**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **\*\*Please see attached for complete**

1.3 STREET ADDRESS **list of Officers and Directors.**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **Tom Turner** **Tom Turner**, Secretary/Treasurer 4/12/1999 509-835-2243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0561148

CR2E034 (11/98)

# Old Standard Life Insurance Company

## Officers

F93000002207  
408911-90023-60

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
President	Clayton Rudd ss #519-34-8869	8601 Emerald, Suite 150 Boise, ID 83704
Sr. Vice President	Anthony A. Steffens ss #518-48-8218	8601 Emerald, Suite 150 Boise, ID 83704
Vice President	Philip Sandifur ss #531-80-4427	Metropolitan Financial Center 601 W. 1 <sup>st</sup> Ave. Dept. 115000 Spokane, WA 99201-5015
Secretary/ Treasurer	Tom Turner ss #549-72-5738	Metropolitan Financial Center 601 W. 1 <sup>st</sup> Ave. Dept. 115000 Spokane, WA 99201-5015
Controller/ Assistant Treasurer	Weiling Zhu ss #537-25-3994	916 W. 1 <sup>st</sup> Ave. Spokane, WA 99201
Asst. Secretary	Marsha Gifford ss #570-68-0054	8601 Emerald, Suite 150 Boise, ID 83704

## Directors

Director	Clayton Rudd ss #519-34-8869	8601 Emerald, Suite 150 Boise, ID 83704
Director	Tom Turner ss #549-72-5738	Metropolitan Financial Center 601 W. 1 <sup>st</sup> Ave. Dept. 115000 Spokane, WA 99201-5015
Director	Robert K. Potter ss #528-28-5144	P.O. Box 1088 Coeur d'Alene, ID 83814
Director	Marsha Gifford ss #570-68-0054	8601 Emerald, Suite 150 Boise, ID 83704
Director	Philip Sandifur ss #531-80-4427	Metropolitan Financial Center 601 W. 1 <sup>st</sup> Ave. Dept. 115000 Spokane, WA 99201-5015
Director	James V. Hawkins ss #519-36-3115	163 E. Ridgeline Dr. Boise, ID 83702-6517