2000 UNIFORM BUSINESS REPORT (UBR)

May 17, 2000 8:00 am Secretary of State DOCUMENT # F93000002207 OLD STANDARD LIFE INSURANCE COMPANY 04-10-2000 90088 021 ***150.00 Principal Place of Business Mailing Address 8801 EMERALD 929 W. SPRAGUE AVE. LEGAL DEPT. BOISE ID 83704 SPOKANE WA 99201-4014 US 2. Principal Place of Business 3. Mailing Address 601 W. 1st Avenue Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Legal Dept City & State City & State 4. FEI Number Applied For 82-0421178 <u>Spokane, WA</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired <u>99201-5015</u> US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COPERATION SERVICE COMP Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstaling) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 (66/6) TITLE ☐ Delete TITLE Change Addition NAME RUDD, CLAYTON NAME CR2E034 STREET ADDRESS 8601 EMERALD, STE, 150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOISE ID** VPD TITLE ☐ Delete TIFLE Change ☐ Addition SANDIFUR, PHILIP NAME NAME STREET ADDRESS 929 W SPRAGUE AVE STREET ADDRESS 601 W. 1st Avenue CITY-ST-ZIP CITY-ST-ZIP SPOKANE WA 99201 <u> Spokane. WA 99201-5015</u> STD TITLE ⊠ Change ☐ Addition TITLE ☐ Delete NAME TURNER, TOM NAME 929 W SPRANGE AVE STREET ADDRESS STREET ADDRESS 601 W. 1st Avenue CITY-ST-ZIP CITY-ST-7IP SPOKANE WA 99201 Spokane, WA 99201-5015 TITLE Ð ☐ Delete ☐ Addition TITLE Change NAME POTTER, ROBERT NAME STREET ADDRESS STREET ADDRESS EAST 4424 SPLIT ROCK RD. CITY-ST-7IP CITY-ST-ZIP HAYDEN LAKE ID TITLE Delete TITLE Change ☐ Addition NAME GINTER, CAROL NAME STREET ADDRESS STREET ADDRESS 371 PONDERSOSA DRIVE CITY-ST-71P CITY-ST-ZIP POST FALLS ID Delete TITLE Change Addition GIFFORD, MARSHA

4/10

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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

929 W SPRANGE AVE

BOISE ID 99201

STREET ADDRESS

CITY - ST-ZIP

Philip Sandifur

4/4/00

(509) 838-3111

Daylene Phone #