

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 15, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F93000002207**1. Entity Name  
OLD STANDARD LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
8601 EMERALD 150 BOISE ID 83704 US	601 W 1ST AVE LEGAL DEPT. SPOKANE WA 992015015 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**82-0421178**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREETTALLAHASSEE FL  
32301 US

## 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.

SIGNATURE \_\_\_\_\_ DATE **02/15/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	ID	Delete
	ASD				<input type="checkbox"/>
	GIFFORD MARSHA	929 W SPRANGE AVE	BOISE	99201	
	D				<input type="checkbox"/>
	GINTER CAROL	371 PONDEROSA DRIVE	POST FALLS		
	D				<input type="checkbox"/>
	POTTER ROBERT	EAST 4424 SPLIT ROCK RD.	HAYDEN LAKE		
	STD				<input type="checkbox"/>
	TURNER TOM	929 W SPRANGE AVE	SPOKANE	WA 99201	
	VPD				<input type="checkbox"/>
	SANDIFUR PHILIP	929 W SPRAGUE AVE	SPOKANE	WA 99201	
	PD				<input type="checkbox"/>
	RUDD CLAYTON	8601 EMERALD, STE. 150	BOISE	ID	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Tom Turner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S 02/15/2001

Date

Daytime Phone #

CR2E034 (11/00)