2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000002207

Entity Name: OLD STANDARD LIFE INSURANCE COMPANY

FILED Apr 21, 2003 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:	
8601 EME SUITE 150 BOISE, ID	כ		SUITE 30	J 6000 BUILDING, 510 CLEARWATER LOOP 01 ALLS, ID 83854 US	
Current Mailing Address:			New Mail	New Mailing Address:	
601 W 1S DEPT. 11 SPOKANE		015 US			
FEI Number	: 82-0421178	FEI Number Applied For ()	FEI Number Not App	pplicable () Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name an	d Address of New Registered Agent:	
1201 HAY	ATION SERVIO S STREET SSEE, FL 323				
	e named entity e of Florida.	submits this statement for the	e purpose of changing	g its registered office or registered agent, or bo	
SIGNATU	RE:				
	Electror	nic Signature of Registered A	gent	Date	
Title: Name: Address: City-St-Zip:	D () RUDD, CLAYTO 8601 EMERAL BOISE, ID 837) Delete ON D, STE. 150	Title: Name: Address: City-St-Zip:	DNS/CHANGES TO OFFICERS AND DIRECT D (X) Change () Addition RUDD, CLAYTON KANIKSU 6000 BLDG, STE 301, 510 CLEARWATER POST FALLS, ID 83854 US	
Title: Name: Address: City-St-Zip:	SANDIFUR, PH 601 W 1ST AV) Delete IILIP E DEPT. 115000 \(\rightarrow\) 992015015 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TURNER, TOM	E DEPT. 115000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () POTTER, ROB EAST 4424 SP HAYDEN LAKE	LIT ROCK RD.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition POTTER, ROBERT KANIKSU 6000 BLDG, STE 301, 510 CLEARWATER POST FALLS, ID 83854 US	
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Title: Name: Address: City-St-Zip:		D, SUITE 150	Title: Name: Address: City-St-Zip:	P (X) Change () Addition WHITNEY, DALE KANIKSU 6000 BLDG, STE 301, 510 CLEARWATER POST FALLS, ID 83854 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP SANDIFUR VPD 04/21/2003